Form 9-330 (Rev. 5-68)		LI	TED :	STAT	TES	SUBM	IT IN	זיטס ו	ATE •	1			approved. t Bureau No. A2-R85
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15. DATE SPUDDED	16. DATE T.D.				Ready t	o prod.) 18	. ELEV	ATIONS (1		RT, GR,	ETC.)*	19.	ELEV. CASINGHEAD
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C 23. CASING SIZE 8-5/8" 4-1/2" 29. 81ZE 31. PERFORATION BEG 3729-382 33.* DATE FIRST PRODUCT 3-4-82	NL/FDC; D weight, Le 24# 9.5# TOP (MD) COBD (Interval, 26' W/14 .	LL s./FT. DE LINER RE BOTTOM (size and num 50" hold DUCTION MET	PTH SET 870' 4265' ECORD MD) 8A ber) es HOD (Flot Flot	(MD) (MD) ACR8 CEM wing, gas Dwing PROD'N.	HO 12 6- IENT* PROL lift, pu	LE SIZE -1/4" 1/4" SCREEN (M) 82. DEPTH INT 3729-38:	ACI EBVAL 26'	30. 812E 2-3 10. SHOT (MD)	925 350 /8" . FRACT w/20 w/60 3 lo sd.	TUBIN DEPTH 37 TURE, 00 P 000 ads	G RECC BET (M 222' CEMEN' AND KIN CO2, Status ST	DRD D) D) D) D) C SQU C	AMOUNT PULLES P.J. 12-8 J. 1
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General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), forma-tion and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

or Federal office for specific instructions. item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State

for each additional interval to be separately produced, showing the additional data pertinent to such interval **Hem 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Hems 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified,

Item 33: Submit a separate completion report on this form for each interval to be separately produced. Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POR SHOW ALL IMPOR DEFTH INTERVAL	OUS ZONES : TANT ZONES OF PO TESTED, CUBHION	ROSITY AND CONTENT USED, TIME TOOL OP	37. SUMMARY OF POROUS ZONES: Show all important zones of porosity and contents thereof; cored intervals; and all deill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries	38. GEOLOG	GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		TOP	P
					MEAS, DEPTH	TRUS VERT. DEPTH
				San Andres	616	
				Glorieta	1616	
				Fullerton	3031	
				Abo	3683	, , <u>, ,</u> , , , , , , , , , , , , , , ,

U.S. GOVERNIMENT PRINTING OFFICE ; 193-0-003036 8.37-49.7

UNITED STATES Artesis, int 5. LEASE DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY 5. LEASE NM 3051 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 7. UNIT AGREEMENT NAME RECEIVED 8. FARM OR LEASE NAME Hewitt IM Federal	From 0. 221	er off Cal. Ca	Form Approved.
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Yates Petroleum Corporation / 3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below,) 990 FSL & 1980 FEL, Sec. 25-65-25E AT SURFACE: AT TOP PROD. INTERVAL: AT TOP ROD. INTERVAL: AT TOP ROD. INTERVAL: AT TOTAL DEFTH: 16. GHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 16. GHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT. OR OTHER PATA SUBSEQUENT REPORT OF. FRACTURE THEAT Image: Standard Stan	well well & oth	ner	9 WELL NO APR 2 1982
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