UNT ED STATES SUBMIT IN DUPLICATE DEPARTMEIN I OF THE INTERIOR C/SF GEOLOGICAL SURVEY WFILL COMPLETION OR RECOMPLETION REPORT AND LOG* WELL OIL WELL DET OTHER MELL OTHER OF WELL: WELL OTHER OF OTHER	n- n 5. LEASE DESIG NM 9	n epproved. Ref Bareau No. 47 E355.5 NATION AND SERIAL NO 539
C/SF GEOLOGICAL SURVEY WFILL COMPLETION OR RECOMPLETION REPORT AND LOG* WELL OIL CAS WELL OT WELL: OIL CAS WELL OT OTHER WELL OTHER) 5. LEASE DESIG NM 9.	-
TYPE OF WELL: OIL GAS WELL ART Other Other	6. IF INDIAN, A	
TYPE OF WELL: OIL GAS WELL ART Other Other	1	LIOTTEE OR TRIBE NAME
	7. UNIT AGREEM	ENT NAME
NEW WORK DEEP PLUG DIFF. Other APR 8 1982	S. FARM OR LEA Williams	st NAME Son LC Federal
Yates Petroleum Corporation / O.C.D.	9. WELL NO.	
ADDRESS OF OPERATOR ARTESIA, OFFICE	-	3
207 South 4th St., Artesia, NM 88210 . LOCATION OF WELL (Report location plearly and in accordance with any State requirements)*	_	OOL, OR WILDCAT
At surface 660' FNL & FEL, Sec. 4-T8S-R25E	11. SEC., T., R., M	S Slope Abo
At top prod. interval reported below	OL AREA	
At total depth	Unit A, Se	ec. 4-T8S-R25E
14. PERMIT NO. DATE ISSUED	12. COUNTY OR PARISH	13. STATE
DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB,	Chaves RT, GR, ETC.)• 19	NM D. ELEV. CASINGHEAD
<u>3-8-82</u> <u>3-15-82</u> <u>3-27-82</u> <u>3577'</u> GR		
TOTAL DEPTH, MD & TYD 21. PLUG, BACK T.D., MD & TYD 22. IF MULTIPLE COMPL., HOW MANY* DRILLED BY	ROTARY TOOLS	CABLE TOOLS
4050' 3961'	0-4050'	25. WAS DIRECTIONAL
		SURVEY MADE
3757-72' Abo		No
TYPE ELECTRIC AND OTHER LOGS RUN	27.	WAS WELL CORED
CNL/FDC; DLL CASING RECORD (Report all strings set in well)		No
CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD) HOLE SIZE CEMENTING	RECORD	AMOUNT PULLED
20" 40' 24"		
10-3/4" 40.5# 887' 14-3/4" 900		
4-1/2" 9.5# 4037 ¹ 7-7/8" 375	·	
LINER RECORD 30.	TUBING RECORD	
SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT [®] SCREEN (MD) SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-7/8"	3705'	3705'
PERFORATION RECORD (Interval, size and number)		
32. ACID, SHOT, FRAC	TURE, CEMENT SQ	
		L acid, 20000
	KCL wtr, 40000# 20/40 sc	
5000) g. CO2.	
PRGDUCTION		
E FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) 3-27-82 Flowing	well stat shut-in) SIWOP	LC
T OF TEST HOURS TESTED CHOKE SIZE FROD'N. FOR OILBBL. GAS -MCF.	WATERBBL.	GAS-OIL RATIO
$\frac{3-27-82}{W. TUEING PRESS.} \begin{bmatrix} CASING PRESSURE \\ CALCULATED \\ CALCULATED \\ CIL-BBL \\ CASMCF. \\ WATLE-$	-	
$\begin{array}{c c} calcelared other calcelared otherwise calc$	HBL. OIL	GRAVITY-API (CORR.)
DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	TEST WITNESSED	BY
Vented - Will be sold	Larry Dad	e Posted ID- e Posted Bood a Comp. Bood 51 is 4-16-9
Deviation Survey		av 52, 9
I hereby certify that the foregoing and attached information is complete and correct as determined from SIGNED (Lanta Levellun TITLE Engineering Secretary		4-7-82
		. , 02
*(See Instructions and Spaces for Additional Data on Reverse Sid	(e)	

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Note: The second of the second of the second state of the second stat			FORMATION TOP	 submitted, particularly with regard to local, area, or regional procedures and requiring solutions. Any network and/or State office. See instructions on items 22 and 24, and 33, below regarding separation and pressure tests, and directional surveys, should be attached hereto, to the extensional of filed prior to the time this summary record is submitted, copies of all currently available on this form, see item 35. item 4: If there are no applicable State requirements, locations on Federal or Indian or Federal office for specific instructions. item 18: Indicate which elevation is used as reference (where not otherwise shown) for each additional interval, to be separately produced, showing the additional data per term 22: "<i>Narchs Coment</i>": Attached supplemental records for this well should be separately produced, showing the additional data per term 33: Submit a separate completion report on this form for each interval to be separate supplemental records for this well should be separate supplemental records for this well should be separate supplemental records for the well show the interval to be separate completion report on this form for each interval to be separate completion report on this form for each interval to be separate completion report on this form for each interval to be separate completion report on this form for each interval to be separate completion report on this form for each interval to be separate completion report on this form for each interval to be separate completion report on this form for each interval to be separate completion reports on this form for each interval to be separate completion report on this form for each interval to be separate completion reports at the separate sectors. 37. SUMMARY OF POROUS ZONES is not used interval to be separate between the interval. TENTALE SECTION AND NUTLANT SECTION AND SECTION AND SECTION AND SECTION SECTION AND SECTION SECTION AND SECTION SECTION SECTION AND SECTION SECTION SECTION AND SECTION SECTION SECTI
US GORDMENT MAINE GTIG: NA-O-Seases			BOTTOM	 d to local, or region ins on items 22 and 24, an unmary record is submit item 35. State requirements, loc items. State requirements, loc itions. State requirements, loc is used as reference (w mpleted for separate pro- om(s) and name(s) (if separately produced, sho ed supplemental records as upplemental records form etion report on this form
a separate report (page) on this for a separate report (page) on this for the continuent of the cont	U S. GUYERAMENT PRINTING OFFICE - 1983-O-4834836		DESCRIPTION, CONTENTS, ETC.	Submitted, particularly with report on local, are varies and protectures and protectures either a show the over his bisoned by, or may be obtained from the local Ferenandia separate reports for separate completions. If not filed price to the tune this summary record is submitted, opies of all currently available logs (or lines, seen local). If out filed price to the tune this summary tervery, should be attached hereto, to the extent required by applicable Federal and/or State haws and requilations. All attachments should be listed on this form, seen tervers, should be attached hereto, to the extent required by applicable Federal and/or State haws and requirations. All attachments all there are no applicable State requirements, locations on Federal or Indian land should be described in accurations with Federal requirements. Consult local State haws and requirations. All attachments there are the applicable for separate production from more than one than one than one that one than one. There are on this form, adequately identified to be separately produced, showing for only the informal requirements. Submit a separate report (page) on this form, adequately identified to the separate set on this form of the extent in tervals. There are the updately identified for the origin to the origin of the separately produced. Showing the additional data perture that there are a sub-inform and the therein of the cementing tool. The are are inditional threparate completed for separately prod
n of the c above.) a hove.) - 		San Glor Abo		crouds concerning the use of this form and the number of copies to be below or will be issued by, or may be obtained from, the local Federal require completions. re, geologists, sample and core analysis, all types electric, etc.), formaplicable Federal and/or State laws and regulations. All attachments scribed in accordance with Federal requirements. Consult local State news given in other spaces on this form and in any attachments. Submit a separate report (page) on this form, adequately identified, real. (Submit a separate report (page) on this form, adequately identified, see instruction for items 22 and 24 above.) (See instruction for items 22 and 24 above.) 378. GEOLOGIC MARKERS
m 24 show the producing m, adequately identified, ementing tool. TOP DEFTH TRUE VERT.DEFTH 35 35 35 35 35 35	0	рерти 999 55	TOP	or may be obtained from, the local Federal ore analysis, all types electric, etc.), forma- tic laws and regulations. All attachments Federal requirements. Consult local State on this form and in any attachments. (page) on this form, adequately identified, and 24 above.) (FOLOGIC MARKERS)

INSTRUCTIONS