

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM 18483

6. INDIAN, ALLOTTEE OR TRIBE NAME

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESERVE ☐ OTHER ☐

2. NAME OF OPERATOR

Yates Petroleum Corporation

3. ADDRESS OF OPERATOR

207 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with instructions on reverse side)

At surface 1650 FNL 990 FEL, Sec. 10-T8S-R25E

At top prod. interval reported below

At total depth

SEP 22 1982

SEP 30 1982

14. PERMIT NO. O. C. D. DATE ISSUED

ARTESIA, OFFICE

12. COUNTY OR PARISH

Chaves

13. STATE

NM

15. DATE SPUDDED

6-8-82

16. DATE T.D. REACHED

6-28-82

17. DATE COMPLE. (Ready to prod.)

9-17-82

18. ELEVATIONS (DE, REB, RT, GR, ETC.) \*

3636.3' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD

4184'

21. PLUG BACK T.D., MD &amp; TVD

4132'

22. IF MULTIPLE COMPLE., HOW MANY \*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-4184'

24. PRODUCING INTERVAL(S) OF THIS COMPLETION TOP, BOTTOM, NAME (MD AND TVD) \*

3900-3986' Abo

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL/FDC; DLI

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20"		80'			
10-3/4"	48#	845'	14-3/4"	700	
4-1/2"	9.5#	4184'	7-7/8"	950	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT *	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	3922'	

31. PERFORATION RECORD (Interval, size and number)

3900-3986' w/15 .50" holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3900-86'	w/1500 g. 7 1/2% acid. SF
	w/40000 g. gel KCl wtr, 70000#
	20/40 sd, 24 tons CO2.

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)				WELL STATUS (Producing or shut-in)	
9-17-82		Flowing				SIWOPLC	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL--BRL.	GAS--MCF.	WATER--BRL.	GAS OIL RATIO
9-17-82	3	1/2"	→	-	265	ACCEPTED	FOR RECORD
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL--BRL.	GAS--MCF.	WATER--BRL.	GAS OIL RATIO (CORR.)	
325	-	→	-	2117		2117	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented - Will be sold

35. LIST OF ATTACHMENTS

Deviation Survey

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE Engineering Secretary

DATE 9-21-82

\*(See Instructions and Spaces for Additional Data on Reverse Side)

4/5F

# INSTRUCTIONS

**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 reports for 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.), formation 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.

**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 or Federal office for specific instructions.)

**Item 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.

**Items 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, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Snacks Comment":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

## 27. SUMMARY OF LOGGERS' ZONES:

SHOW ALL IMPORTANT ZONES OF PROPERTY AND CONTAIN INFORMATION CONCERNING THE WELL, INCLUDING THE LOGGERS' ZONES, INTERVALS, AND OTHER INFORMATION.

DEPTH INTERVAL TESTED, CEMENTATION, TIME TOOL OFF, FLOWING, AND SHEET IN THIS LOG, AND OF OTHER

TOP

BOTTOM

DESCRIPTION, CEMENTATION, ETC.

NAME

LOGGERS' MARKERS

WELL DEPTH

DETAILED DEPTH

San Andres 401  
Glorieta 1509  
Abo 2629