

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.6.

5. LEASE DESIGNATION AND SERIAL NO.

NM 16070

6. IF INDIAN, ALLOTTEE OR TRIBE NAME *

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fleming UF Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Und. Abo

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Unit F, Sec. 12-T9S-R24E

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other P&A

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other RECEIVED

2. NAME OF OPERATOR Yates Petroleum Corporation ✓ SEP 30 1982

3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210 O. C. D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State Regulations) At surface 1980 FNL, 1650 FWL, Sec. 12-9S-24E

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

12. COUNTY OR PARISH Chaves 13. STATE NM

15. DATE SPUDDED 6-25-82 16. DATE T.D. REACHED 7-4-82 17. DATE COMPL. (Ready to prod.) Dry 18. ELEVATIONS (DF, RKE, RT, GR, ETC.)* 3560' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 4050' 21. PLUG, BACK T.D., MD & TVD - 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY: 10-4050'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC;DLL 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"		40'			
10-3/4"	40.5#	855'	14-3/4"	700	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)

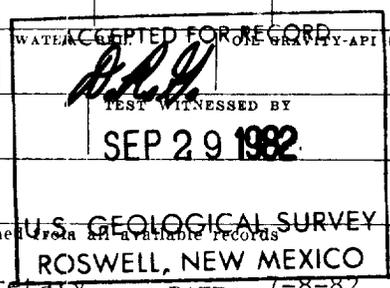
DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

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

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 Juanita J. ... TITLE Engineering Secretary DATE 7-8-82



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

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: "Sacks Cement": 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.)

37. SUMMARY OF HOLE'S ZONES:
 SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL OPEN, FLOWING AND SHOT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38.	GEOLOGIC MARKERS
				NAME	MEAS. DEPTH
					TOP TRUE VERT. DEPTH
				San Andres	406
				Glorieta	1220
				Abo	3361