

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NEW MEXICO COMMISSION

Drawer DD  
Artesia, NM 88210  
(See other instructions on reverse)Form approved.  
Budget Bureau No. 42-R: 55.5.

015F

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM 28304-A																			
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. CESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____																			
2. NAME OF OPERATOR Yates Petroleum Corporation				7. UNIT AGREEMENT NAME _____																			
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210				8. FARM OR LEASE NAME Albitus TH Federal																			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 690 FSL & 1920 FWL, Sec. 21-7S-25E At top prod. interval reported below At total depth				9. WELL NO. 3																			
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo																			
15. DATE SPUNDED 12-17-82 16. DATE T.D. REACHED 12-28-82 17. DATE COMPL. (Ready to prod.) 1-20-83 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3771.9' GR 19. ELEV. CASINGHEAD _____				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Unit N, Sec. 21-T7S-R25E																			
20. TOTAL DEPTH, MD & TVD 4150' 21. PLUG, BACK T.D., MD & TVD 4100' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS _____				12. COUNTY OR PARISH Chaves																			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3864-3887' Abo				13. STATE NM																			
25. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC; DLL				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)																							
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31. PERFORATION RECORD (Interval, size and number)																							
3864-87' w/9 .42" holes																							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																							
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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 <i>[Signature]</i> TITLE Production Supervisor																							

\* (See Instructions and Spaces for Additional Data on Reverse Side)  
MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

RECEIVED

JAN 24 1983

ACCEPTED FOR RECORD TEST WITNESSED BY ORIG. SGN. DAVID R. GLASS JAN 24 1983 MINERALS MANAGEMENT SERVICE ROSWELL, NEW MEXICO
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# 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: "Seals/Seamant":** 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 POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTEXTS THEREOF; CORREL INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION (SPD, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	<div>TOP MEAN DEPTH</div> <div>TRUE VERT. DEPTH</div>
				San Andres Glorieta Abo	<div>298</div> <div>1480</div> <div>3581</div>