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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG
RECEIVED

DEC 19 1975

1a. TYPE OF WELL		OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <u>O.C.C.</u>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER		ARTESIA, OFFICE		5. State Oil & Gas Lease No.	
2. Name of Operator Yates Petroleum Corporation				7. Unit Agreement Name	
3. Address of Operator 207 So. 4th St., Artesia, New Mexico 88210				8. Farm or Lease Name Jackson "AT"	
4. Location of Well UNIT LETTER <u>N</u> LOCATED <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM <u>West</u> LINE OF SEC. <u>14</u> TWP. <u>17S</u> RGE. <u>25E</u> NMPM				9. Well No. 7	
15. Date Spudded 11-14-75				10. Field and Pool, or Wildcat Eagle Creek, S.A.	
16. Date T.D. Reached 11-19-75				12. County Eddy	
17. Date Compl. (Ready to Prod.) 12-13-75				13. Elevations (DF, RKB, RT, GR, etc.) 3495' GR	
20. Total Depth 1500'		21. Plug Back T.D. 1496'		19. Elev. Casinghead	
22. If Multiple Compl., How Many				23. Intervals Drilled By Rotary Tools 0-1500'	
24. Producing Interval(s), of this completion - Top, Bottom, Name 1316-1442' San Andres				25. Was Directional Survey Made No	
26. Type Electric and Other Logs Run Gamma Ray Neutron				27. Was Well Cored No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4"	32#	340'	15"	200 SX	
7"	20#	1170'	9 7/8"	825 SX	
4 1/2 & 5 1/2"	9.5 & 15.5#	1496'	6 1/4"	175 SX	
29. LINER RECORD			30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE
					2 3/8"
31. Perforation Record (Interval, size and number) 1316-1442' - 32 3 1/2" glass charges			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
			DEPTH INTERVAL		
			AMOUNT AND KIND MATERIAL USED		
			1321-1442' a/c w/2000g 15% & 1500g 28% acid		
			1316-1442' 60000g trtd wtr & 80000# 20-40 sd		
33. PRODUCTION					
Date First Production 12-13-75		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping			Well Status (Prod. or Shut-in) Producing
Date of Test 12-17-75	Hours Tested 24	Choke Size -	Prod'n. For Test Period 37.0	Oil - Bbl. 37.0	Gas - MCF 19.0
Flow Tubing Press. 15	Casing Pressure -	Calculated 24-Hour Rate 37.0	Oil - Bbl. 37.0	Gas - MCF 19.0	Water - Bbl. 14 BLW
34. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold			Test Witnessed By Paul Carre		
35. List of Attachments Deviation Survey enclosed					
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.					
SIGNED <u>Eddie L. Martinez</u>		TITLE <u>Engineer</u>		DATE <u>12-19-75</u>	

posted 12-26-75

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southwestern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
D. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Malison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Albert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinberry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	222	222	Surface & Gravel				
222	340	118	Red bed & Rock				
340	510	170	Broken red rock				
510	1150	640	Red bed & anhydrite				
1150	1500	350	Lime				

Jackson AT-7 Well, Eddy County, New Mexico

DEC 19 1975

O. C. C.
ARTESIA, OFFICE

[illegible]

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no

18. Accumulative total displacement of well bore at total depth of 1500 feet = 18.16 feet.

19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe

20. Distance from surface location of well to the nearest lease line _____ feet.

21. Minimum distance to lease line as prescribed by field rules _____ feet.

22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____

(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCINERATION DATA CERTIFICATION
I declare under penalties prescribed in Article 6035c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the incineration data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Telephone: _____
Area Code _____

OPERATOR CERTIFICATION
I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.

Telephone: _____
Area Code _____