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Form C-105
Revised 1-1-65

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

JUN 11 1976

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

a. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐
b. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

7. Unit Agreement Name
8. Farm or Lease Name
Jackson Estate "BY"

2. Name of Operator
Yates Petroleum Corporation
3. Address of Operator
207 South 4th. Street, Artesia, NM 88210

9. Well No.
7
10. Field and Pool, or Wildcat
Eagle Creek S.A.

4. Location of Well
UNIT LETTER F LOCATED 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE OF SEC. 22 TWP. 17S RGE. 25E NMPM

12. County
Eddy

15. Date Spudded 5-18-76
16. Date T.D. Reached 5-22-76
17. Date Compl. (Ready to Prod.) 6-3-76
18. Elevations (DF, RKB, RT, GR, etc.) 3537' GR
20. Total Depth 1485'
21. Plug Back T.D.
22. If Multiple Compl., How Many
23. Intervals Drilled By Rotary Tools 0-1475 Cable Tools

19. Elev. Casinghead
25. Was Directional Survey Made no

24. Producing Interval(s), of this completion - Top, Bottom, Name
1330-1411'
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" 40# 308' 15" 225 sacks
7" 20# 1170' 9 1/2" 500 sacks
4 1/2" & 5 1/2" 10.5&15.5# 1485' 6 1/4" 150 sacks

29. LINER RECORD
Size Top Bottom Sacks Cement Screen
30. TUBING RECORD
Size Depth Set Packer Set
2-3/8" 1310'

31. Perforation Record (Interval, size and number)
1330-1411' w/24 .50" shots
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
Depth Interval Amount and Kind Material Used
1334-1409 1/2 3000 g 15% req. acid
1330-1411 60000 g treated water & 95000# 20-40 sand

33. PRODUCTION
Date First Production 6-3-76 Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping Well Status (Prod. or Shut-in) Producing
Date of Test 6-7-76 Hours Tested 24 Choke Size - Prod'n. For Test Period 60.1 Oil - Bbl. 38.6 Gas - MCF 10.3 Water - Bbl. 642/1
Flow Tubing Press. 22# Casing Pressure - Calculated 24-Hour Rate 60.1 Oil - Bbl. 38.6 Gas - MCF 10.3 Water - Bbl. 39.2 Oil Gravity - API (Corr.)

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 Christine L. J. TITLE Geol. Secty. DATE 6-10-76

posted ID 6-11-76

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

Southeastern 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" _____
B. 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. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____ 729	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	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	308	308	Rock & gravel				
308	520	212	Red bed				
520	650	130	Red bed & shale				
650	856	206	Water Sand & lime				
856	1170	314	Lime & sand				
1170	1212	42	Lime & shale				
1212	1485	273	Lime				

<h1 style="text-align: center;">INCLINATION REPORT</h1> <p style="text-align: center;">(One Copy Must Be Filled With Each Completion Report.)</p>		6. RRC District
		7. RRC Lease Number. (Oil completions only)
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	8. Well Number
3. OPERATOR		9. RRC Identification Number (Gas completions only)
4. ADDRESS		
5. LOCATION (Section, Block, and Survey)		10. County

RECORD OF INCLINATION

[illegible]

If additional space is needed, use the reverse side of this form.

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 1485 feet = 37.31 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.)

INCLINATION DATA 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 the inclination 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.

Vicki Baxter
Signature of Authorized Representative

VICKI BAXTER SECRETARY

Name of Person and Title (type or print)

BYRD DRILLING COMPANY

Name of Company

Telephone: 915 381-0910
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.

Signature of Authorized Representative

Name of Person and Title (type or print)

Operator

Telephone: _____
Area Code _____

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.