

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUP: TE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other <input checked="" type="checkbox"/> P&A		
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>
2. NAME OF OPERATOR Yates Petroleum Corporation						JUL 20 1981	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210						O.C.D. OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FNL & 330' FWL At top prod. interval reported below At total depth						10. FIELD AND POOL, OR WILDCAT San Andres	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUDDED 5-30-81						18. ELEVATIONS (DF, RES, RT, GR, ETC.)* 3697.4' GR	
16. DATE T.D. REACHED 6-26-81						19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 135'						21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*						23. INTERVALS DRILLED BY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						27. WAS WELL CORRED No	
29. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
None	None	None	None	None	P. 24		
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
ACCEPTED FOR RECORD ROGER A. CHAPMAN JUL 17 1981							
33.* PRODUCTION							
DATE FIRST PRODUCTION							
ROSWELL, NEW MEXICO							
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-AP (CORR.)							
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
TEST WITNESSED BY							
35. LIST OF ATTACHMENTS None							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>John J. [Signature]</u> TITLE <u>Engineering Secretary</u> DATE <u>7-14-81</u>							

\*(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 POROUS 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 SHUT-IN PRESSURES, AND RECOVERY					38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				NONE		