

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN ORIGINAL

(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 ☒ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM0487738	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐ Re-Entry		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Yates Petroleum Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 207 So. 4th Street - Artesia, NM 88210		8. FARM OR LEASE NAME Federal "AB"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FSL & 660' FWL Sec. 32-18S-25E D.C. At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO. 2		DATE ISSUED 3	
15. DATE SPUDDED 2-6-73		16. DATE T.D. REACHED 2-12-73	
17. DATE COMPL. (Ready to prod.) 3-4-73		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3618' GR	
19. ELEV. CASINGHEAD		10. FIELD AND POOL, OR WILDCAT Peanaco Draw S.A. Yeso	
20. TOTAL DEPTH, MD & TVD OTD 1665'		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 32-18S-25E Unit M NMPM	
21. PLUG, BACK T.D., MD & TVD COTD 1620		12. COUNTY OR PARISH 2	
22. IF MULTIPLE COMPL., HOW MANY*		13. STATE NM	
23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS Reverse Unit 0-1620'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1410-1049' San Andres	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Correlation	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 1410-1049' - 48 .41" Jet Shots		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. WITH INTERVAL (MD) 1410-1049' AMOUNT AND KIND OF MATERIAL USED 4500 gal reg. acid 38200# 20-40 Sand 62000 gal treated wtr.	
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold	
DATE FIRST PRODUCTION 3-4-73		TEST WITNESSED BY Don Weaver	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping		35. LIST OF ATTACHMENTS	
WELL STATUS (Producing or shut-in) Producing		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
DATE OF TEST 3-18-73		SIGNED <i>Eddie M. Washburn</i> TITLE Engineer	
HOURS TESTED 24		DATE 3-20-73	
CHOKE SIZE			
PROD'N. FOR TEST PERIOD			
OIL—BBL. 2.33			
GAS—MCF. 78 46			
WATER—BBL. 2.3			
GAS-OIL RATIO 33480/7740			
FLOW. TUBING PRESS.			
CASING PRESSURE 36#			
CALCULATED 24-HOUR RATE			
OIL—BBL. 2.33			
GAS—MCF. 78 46			
WATER—BBL. 2.3			
OIL GRAVITY-API (CORR.) 38			

*(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 33.

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 USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
San Andres	618'		Gamma Ray Correlation 1410-1049' San Andres COTD 1620 2-12-73 3-4-73	San Andres	618'	