

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in
structions on
reverse side)Form approved
Bureau of Reclamation

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other Re-Entryb. TYPE OF COMPLETION:
NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other P & A2. NAME OF OPERATOR
Harvey E. Yates Company, Inc.3. ADDRESS OF OPERATOR
Suite 1000 Security National Bank Bldg., Roswell, N.M.4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 660 FNL & FWL

At top prod. interval reported below

At total depth Same

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 10-19-76 16. DATE T.D. REACHED 11-04-76 17. DATE COMPLETED (Recon. or prod.)
4225' DF20. TOTAL DEPTH, MD & TVD 10,150' 21. PLUG BACK T.D., MD & TVD 9956' 22. IF MULTIPLE COMPLETIONS, HOW MANY? 1
23. INTERVALS DRILLED BY 0' - 10150'24. PRODUCING INTERVAL(S), OF THIS COMPLETION—U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO
BOTTOM, NAME (MD AND TVD)*

26. TYPE LOGS AND OTHER LOGS RUN

Gamma Ray Neutron and Cement Bond

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
<u>13 3/8"</u>	<u>48#</u>	<u>330'</u>	<u>17 1/2"</u>	<u>Circulated</u>
<u>9 5/8"</u>		<u>3390'</u>	<u>12 1/4"</u>	<u>Circulated</u>
<u>4 1/2"</u>	<u>11.6#</u>	<u>9933'</u>		<u>600 Sx Class H</u>

LINER RECORD			TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SIZE	DEPTH SET (MD)

31. PERFORATION RECORD (Interval, size and number)

9860-62 - 3 Holes, 9854-58 - 5 Holes, 9736-42 - 6 Holes.
9210-12, 9257-59, 9310-13, 9315-19, 9323-27, 9330-36, 9340-43- 48 Shots.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL
<u>9736 - 9860</u>	<u>4400 Gals Acid</u>
<u>9210 - 9343</u>	<u>6000 Gals Acid w/120 Ball sealers</u>

33. PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing, shut in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROB'N FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS—GR. GAL.

FLOW, TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY API. CORE

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED TITLE Vice PresidentDATE 2-15-77

*(See Instructions and Spaces for Additional Data on Reverse Side)

RECEIVED
JAN 23 1971
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

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 32.

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 DOWN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	FORMATION		38.	GEOLOGIC MARKERS	
	TOP	BOTTOM		NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
Anhy	1243	1780			
Yates	1780	1948			
7 Rivers	1948	2470			
Queen	2470	2950			
San Andres	2950	4265			
Glorieta	4265	4318			
Yeso	4318	5808			
Tubb	5808	6664			
Abo	6664	7550			
Hueco	7550	8222			
Cisco	8222	8407			
Canyon	8407	8862			
Bond	8862	9960			
Miss	9960	TD			

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FEB 28 1977

D.C.C.
ASTORIA, OREGON

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