Form 9-330
(Rev. 5-63)

NMOCC - ARTESIA
NMOCC - HOBBS
BLM - SANTA FE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM 015807

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: -

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other

7. UNIT AGREEMENT NAME: -

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

8. FARM OR LEASE NAME: ~~Wildcat~~ Waldrip

2. NAME OF OPERATOR: S. P. Yates

9. WELL NO.: 1

3. ADDRESS OF OPERATOR: 207 So. 4th Street - Artesia, N. M. 88210

10. FIELD AND POOL, OR WILDCAT: Wildcat

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 660' FSL - 1980' FEL Sec. 4-T13S-R31E
At top prod. interval reported below: Same
At total depth: Same

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 4-T13S-R31E NMPM

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: Chaves | 13. STATE: N. Mex.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
11-29-64	1-29-64	2-10-65	4107KB, 4106DF, 4097GR	-

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
2940	-	-	→	0-2940	-

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 2615-2633

25. WAS DIRECTIONAL SURVEY MADE: Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: Laterlog & Borehole Compensated Sonic-Gamma Ray

27. WAS WELL CORED: Yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	282	11"	100 sx	-
4½"	9.5#	2913	7-7/8"	200 sx	-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	2550	None

31. PERFORATION RECORD (*Interval, size and number*): Perf 18' (2615-2633) 4 shots/ft.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2615-2633	Acidized with 500 gal acid.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
2-10-65	Flowing	Shut-in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-9-68	6 hrs.	28/64	→	0	870	Trace	-

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
615#	-	→	-	3480	Trace	-

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): Shut-in Gas Well- No market as yet

TEST WITNESSED BY: Cliff Loyd

35. LIST OF ATTACHMENTS: Well completion logs and Deviation Survey

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

SIGNED _____ TITLE Engineer DATE 9-10-68

ACCEPTED FOR RECORD
J. W. Gaither
District Engineer

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Queen Sand	2615	2633	Sand

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Top of salt	1140	
Base of salt	1735	
Top of Yates	1868	
Top of Queen	2615	

U.S. GOVERNMENT PRINTING OFFICE: 1963 -O 683636

DEVIATION SURVEY

S. P. Yates - Holder Federal No. 1
660' FSL & 1980' FEL of Sec. 4-T13S-R31E
Chaves County, New Mexico

Depth Feet	Deviation
295	1 deg
800	1¼ deg
1350	1½ deg
1891	1 deg
2580	1¼ deg

Sworn to this 10th day of September, 1968

Paul G. White
Agent for S. P. Yates

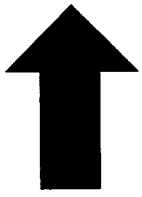
STATE OF NEW MEXICO)
ss
COUNTY OF EDDY)

The foregoing instrument was acknowledged before me this 10th day of September, 1968 by Paul G. White, Agent for S. P. Yates.

My Commission expires

7-9-69

Notary Public in and for
Eddy County, New Mexico



LTR

Job separation sheet

Form 9-331
(May 1963)

NMOCC - ROSWELL
NMOCC - HOBBS
BLM - SANTA FE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.: NM 015807

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

JUL 21 11 23 AM '68
O. C. C.

1. OIL WELL ☐ GAS WELL ☐ OTHER: Temporary Abandoned

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: S. P. Yates

8. FARM OR LEASE NAME: Holder Federal

3. ADDRESS OF OPERATOR: 207 So. 4th Street - Artesia, New Mexico 88210

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 1980' FEL, Sec. 4-T13S-R31E

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 4-T13S-R31E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4097 GR

12. COUNTY OR PARISH: Chaves

13. STATE: N. Mex.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐				
(Other) Reenter and Test			X	(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

It is our intention to reenter this well, swab and run deliverability tests.

After testing we can then comply with the request for Form 9-330.

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APR 10 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED Paul W White TITLE Engineer DATE 4-9-68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUL 23 1968

J. W. Sutherland
J. W. SUTHERLAND
DISTRICT ENGINEER

*See Instructions on Reverse Side

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