

NM OIL CONS. COMMISSION

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYDrawn by SUBMIT IN DUPLICATE
Artesia, NM 88210 (See other instructions 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 ☐			
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☒	DIFF. REENR. ☐	Other ☐
2. NAME OF OPERATOR Yates Petroleum Corporation							
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 660 FNL & 660 FWL, Sec. 1-T8S-R31E At top prod. interval reported below At total depth							
14. PERMIT NO. O. C. D. ARTESIA, OFFICE				15. DATE SPUEDDED Recompletion 2-17-83			
16. DATE T.D. REACHED -				17. DATE COMPL. (Ready to prod.) 3-14-83			
18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 4379' KB				19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 10761'		21. PLUG, BACK T.D., MD & TVD 4438'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS 0-10761'	
24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4022-56'; 4092-4102' San Andres							
25. WAS DIRECTIONAL SURVEY MADE No							
26. TYPE ELECTRIC AND OTHER LOGS RUN							
27. WAS WELL CORED No							
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
* 13-3/8"	48#	315'	17-1/2"	300 sx circ			
* 8-5/8"	24#	3223'	11"	825 sx circ			
* 4-1/2"	11.6#	10625'	7-7/8"	500 sx			
*in place							
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"	4111'	
31. PERFORATION RECORD (Interval, size and number)							
4022-56' w/16 .42" holes 4092-4102' w/10 .40" holes							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
4022-56'				w/2000 g. 20% NE acid + balls.			
4092-4102'				w/3500 g. 20% NE acid + balls.			
33.* PRODUCTION							
DATE FIRST PRODUCTION 3-11-83		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 3-14-83	HOURS TESTED 24 hrs	CHOKE SIZE Open	PROD'N. FOR TEST PERIOD →	OIL—BBL. 20	GAS—MCF. 11	WATER—BBL. 115 BLW	GAS-OIL RATIO 550/1
FLOW. TUBING PRESS. 20#	CASING PRESSURE 20#	CALCULATED 24-HOUR RATE →	OIL—BBL. 20	GAS—MCF. 11	WATER—BBL. 115 BLW	OIL GRAVITY-API (CORR.) 24°	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented							
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 [Signature]		TITLE Production Supervisor		DATE 3-16-83		TEST WITNESSED BY Darrel Atkins	

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

RECEIVED
MAR 28 1983
G.C.D.
HOBBS OFFICE

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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 19: 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: "Sack 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

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
			REFER TO ORIGINAL COMPLETION dated June 17, 1976.			

MAR 28 1963
O.C.D.
HOBBS OFFICE

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