

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

NM OIL CONS. COMMISSION  
Drawer DD  
Form approved by NM Bureau 42-R355.5  
Artesia NM Bureau 42-R355.5

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>	
b. TYPE OF COMPLETION:		NEW WELL <input checked="" 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			
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 330 FNL & 330 FEL, Sec. 10-T8S-R33E At top prod. interval reported below At total depth			
14. PERMIT NO.		DATE ISSUED MAR 16 1984	
15. DATE SPUDDED 1-29-84		16. DATE T.D. REACHED 2-7-84	
17. DATE COMPL. (Ready to prod.) 3-12-84		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4374.4' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 4440'	
21. PLUG, BACK T.D., MD & TVD 4325'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY ROTARY TOOLS		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4193-4334' San Andres		25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Neutron		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
10-3/4"	40.5#	347'	14-3/4"
4-1/2"	9.5#	4440'	7-7/8"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
			SIZE
			DEPTH SET (MD)
			PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number) 4193-4334' w/15 .40" Holes		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
4193-4334'		w/3000 g. 20% NEFE acid + 12 balls.	
33. PRODUCTION			
DATE FIRST PRODUCTION 3-10-84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 3-12-84	HOURS TESTED 24	CHOKE SIZE Open	PROD'N. FOR TEST PERIOD →
OIL—BBL. 44	GAS—MCF. 12	WATER—BBL. 60	GAS-OIL RATIO 273/1
FLOW. TUBING PRESS. 25#	CASING PRESSURE 25#	CALCULATED 24-HOUR RATE →	OIL GRAVITY-API (CORR.) 26°
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented		35. LIST OF ATTACHMENTS Deviation Survey	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED: <u>Peter W. Chester</u> TITLE: Production Supervisor DATE: 3-13-84	

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

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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.

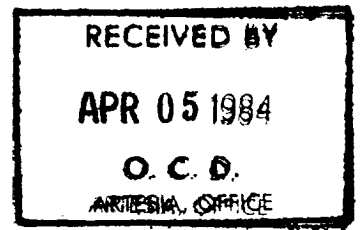
**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 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 POROSITY ZONES:				38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: COHED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURE, AND RECOVERY				NAME	MEAN. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		TOP TRUE VERT. DEPTH
				San Andres	3508



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