

SUBMIT IN DUPLICATE\*  
Artesia, NM 88210  
(Other instructions on reverse side)Form approved,  
Budget Bureau No. 42-R355.5.UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 _____		5. LEASE DESIGNATION AND SERIAL NO. NM 15896	
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 _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Yates Drilling Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210		8. FARM OR LEASE NAME DeLuna Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980 FSL & 1650 FWL, Sec. 34-T12S-R31E At top prod. interval reported below At total depth		9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Under Queen		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 34-T12S-R31E	
12. COUNTY OR PARISH Chaves		13. STATE NM	
15. DATE SPUDDED 2-7-84	16. DATE T.D. REACHED 2-11-84	17. DATE COMPL. (Ready to prod.) 3-1-84	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 4233' GR
19. ELEV. CASINGHEAD	20. TOTAL DEPTH, MD & TVD 2925'		
21. PLUG BACK T.D., MD & TVD 2920'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	24. ROTARY TOOLS 0-2925'
25. CABLE TOOLS			26. WAS DIRECTIONAL SURVEY MADE No
27. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2773-81' Queen			28. TYPE ELECTRIC AND OTHER LOGS RUN CNL; DLL
29. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8-5/8"	24#	374'	12-1/4"
5-1/2"	14#	2915'	7-7/8"
30. CEMENTING RECORD			
AMOUNT PULLED			
275			
250			
31. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
SCREEN (MD)			
32. TUBING RECORD			
SIZE	DEPTH SET (MD)		PACKER SET (MD)
2-3/8"	2710'		-
33. PERFORATION RECORD (Interval, size and number)			
34. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2773-81'		w/750 g. 15% acid. SF w/20000 gal gel KCL wtr (25% CO <sub>2</sub> ); 16500# 20/40 + 6000# 12/20 sand	
35. PRODUCTION			
DATE FIRST PRODUCTION 2-23-84	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping		WELL STATUS (Producing or shut-in) Producing
DATE OF TEST 3-1-84	HOURS TESTED 24	CHOKE SIZE -	PROD'N. FOR TEST PERIOD →
OIL—BBL. 45	GAS—MCF. 45	WATER—BBL. 2 BLW	GAS-OIL RATIO 1000/1
FLOW. TUBING PRESS. -	CASING PRESSURE -	CALCULATED 24-HOUR RATE →	OIL GRAVITY-API (CORR.) 35°
36. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented - Will be sold			
37. LIST OF ATTACHMENTS Deviation Survey			
38. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>Janita Gooden</i>		TITLE Production Supervisor	DATE 3-5-84

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

RECEIVED

MAR 19 1984

O.C.D.  
HOBBS OFFICE

## 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 POHOTS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CEMENT LSRD, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Yates Queen Penrose	2010 2771 2878	

ARTESIA OFFICE  
O. C. D.  
MAR 16 1984  
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