

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
ARTESIA, NM 88210Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIF. RES. <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 990 FSL & 990 FWL, Sec. 19-T7S-R30E At top prod. interval reported below At total depth						
14. PERMIT NO.			DATE ISSUED			
15. DATE SPUDDED 3-18-84		16. DATE T.D. REACHED 3-24-84		17. DATE COMPL. (Ready to prod.) Dry		
20. TOTAL DEPTH, MD & TVD 3500'		21. PLUG, BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY*		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4097' GR		19. ELEV. CASINGHEAD		
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC; DLL		23. INTERVALS DRILLED BY ROTARY TOOLS X		25. WAS DIRECTIONAL SURVEY MADE No		
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)				
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		
8-5/8"		24#		357'		
4-1/2"		15.5#		3500'		
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED		
12-1/4"		250 SX				
7-7/8"		300 SX		2290'		
29. LINER RECORD				30. TUBING RECORD		
SIZE		TOP (MD)		SIZE		
		BOTTOM (MD)		DEPTH SET (MD)		
		SACKS CEMENT*		PACKER SET (MD)		
		SCREEN (MD)				
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
3182-85 3097-3133 3025-38 3190-3203				DEPTH INTERVAL (MD)		
				AMOUNT AND KIND OF MATERIAL USED		
33.* PRODUCTION						
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)	
DATE OF TEST		HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD		
				OIL—BBL.	GAS—MCF.	
				WATER—BBL.	GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	
				WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						
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 <i>Peter W. Chester</i>		TITLE Production Supervisor		DATE 11-12-84		

* (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 DRAIN-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				San Andres	2410	