

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUNBELT SUPPLY MISSION
DD
Artesia, NM 88210Form approved.
Budget Bureau No. 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"/>		RECEIVED BY JUL 20 1984 O. C. D. ARTESIA, OFFICE	
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"/>			
2. NAME OF OPERATOR Yates Drilling Company			
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 1650 FNL & 990 FWL, Sec. 34-T12S-R31E At top prod. interval reported below At total depth			
14. PERMIT NO.		DATE ISSUED JUL 18 1984	
15. DATE SPUDDED 5-5-84	16. DATE T.D. REACHED 5-9-84	17. DATE COMPL. (Ready to prod.) 7-10-84	18. ELEVATIONS (DF, RES, RT, GR, ETC.)* 4222' GR
20. TOTAL DEPTH, MD & TVD 2850'	21. PLUG, BACK T.D., MD & TVD 2840'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS 0-2850'
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2754-60' Queen			25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC; DLL			27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8-5/8"	24#	370'	12-1/4"
5-1/2"	14 & 15.5#	2845'	7-7/8"
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"	2732'	-	
31. PERFORATION RECORD (Interval, size and number) 2754-60' w/12 .41" Holes (2 SPF)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2754-60'		Trt w/850 g. 15% acid, 15000 g. gel wtr, 5000 g. CO2, 2500# 12/20 + 14500# 20/40 sd.	
33.* PRODUCTION			
DATE FIRST PRODUCTION 6-1-84	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping		WELL STATUS (Producing or shut-in) Producing
DATE OF TEST 7-10-84	HOURS TESTED 24	CHOKE SIZE Open	PROD'N. FOR TEST PERIOD →
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL. 41
			GAS—MCF. 78
			WATER—BBL. 0
			OIL GRAVITY-API (CORR.) 36°
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 [Signature]		TITLE Production Supervisor	
DATE 7-16-84			

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

RECEIVED

JUL 23 1984

O.C.D.
HOEES 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.

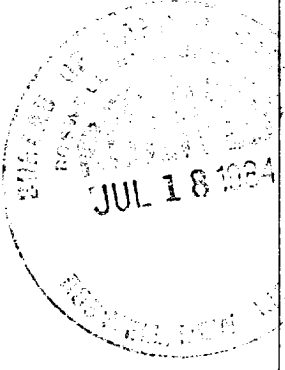
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

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 POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; COBED 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	MEAS. DEPTH	TRUE VERT. DEPTH
				Anhydrite Salt B. Salt Yates Seven Rivers Queen	1294 1873 1990 2128 2751	

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JUL 23 1984

G.C.B.
HOBBS OFFICE