UNIT STATES SUBMIT IN DUPLICATE DEPARTMENT OF THE INDIANO OF STATES OF STREET OF STATES OF STREET OF STATES OF STREET OF STATES OF STREET OF STREET OF STATES OF STREET OF STRE

	GE	OLOGICAL	_ SURVEX	rtesia, NM	88210	NM-01	
WELL CO	MPLETION O	R RECOM	PLETION R	REPORT AN	ND LOG*	6. IF INDIAN.	ALLOTTEE OR TRIBE NAME
TYPE OF WEL		GAS WELL	DRY X			7. UNIT AGREE	MENT NAME
NEW T	WORK DEEP	PIUG BACK	DIFF	Out -		S. FARM OR L	EASE NAME
NAME OF OPERAT	OVER L EN L	BACK L	RESVR.	Other		Garner	Federal
Yates Dri	illing Compan	у		1 A NO	·	9. WELL NO.	
ADDRESS OF OPE	BATOR		N W 9921/		114/14	8.	POOL, OR WILLCAT
LOCATION OF WE	1 4th Street,	learly and in acc	ordance with hijh	- N C		SE Chave	s Queen Gas Area
At surface	1980' FNL & 1	650' FWL	12		B.D'E	11. SEC., T., R OR AREA	ASSO
At top prod. int	terval reported below		(4.2)	DEC 2) 1354	2 2 m	100 pg1p
At total depth		i	14. PERMIT NO DATE ISSUED			Sec. 3-T13S-R31E	
			14. PERMIT AD.	, j		Chaves	N.M.
PATE SPUDDED	16. DATE T.D. REAC	HED 17. DATE	COMPL. (Ready to			B, RT, GR, ETC.) *	19. ELEV. CASINGHEAD
11-4-84	11-9-84	Dry		TIPLE COMPL.	4188.2 GL	S ROTARY TOOL	S CABLE TOOLS
TOTAL DEPTH, MD	21. FLUG. B	ACK T.D., MD & TV	How M		PRILLED B		_
2850 TRODUCING INTE	RVAL(S), OF THIS COS	IPLETION TOP, I	SOTTOM, NAME (S	MD AND TVD)		10 2030	25. WAS DIRECTIONAL SURVEY MADE
D	ry						No
TYPE ELECTRIC	AND OTHER LOGS RUN				. — ———		27. WAS WELL CORED
CNL-LDT.	DLL-MSFL	_					No
8_5/8"	24#	382	: 1	2 1/4"	250 sxs.		
	Li	SER RECORD			30.	TUBING RECO	RD
8125			IACKS CEMENT®	SCREEN (MD)	SIZE	berth set (Mi	PACKER SET (MD)
. PERFORATION RE	coup (Interval, size	and number)		32.	ACID, SHOT, FRA	ACTURE, CEMENT	SQUEEZE, ETC.
				DEPTH INTER	FAL (Mb)	AMOUNT AND KIND	O OF MATERIAL USED
	·		land.	DUCTION			
TE FIRST PRODUC	TION PRODUCT	TON METHOD (FI		oumping size and	t type of pump)	WELL shul	STATUS (Producing or -in)
TE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL HBL.	GAS - MCF.	WATERBBL	GAS-OIL RATIO
OW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	Ott.—BBL.	9.18 MC	P. WAT ACCEPTED FOR RE	JOKD	OIL GRAVITY-API (CORR.)
DISPOSITION OF	GAS (Sold, used for fu	el, vented, etc.)		₽ E	TER W. CHI	STER WITNES	SED BY
LIST OF ATTACI	HMENTS			**	JAN 18 19	985	
8. I hereby certif	y that the foregoing	and attached inf	ormation is com	plete and correct	as determined fr	rom all available r	ecords
signed	Faren Les	shmen	_ TITLE _	Produ itio n	Člerk 4	Date	12-18-84

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

. . . .

REMEDITS

JAN 29 1985

O C.D.

NSTRUCTIONS

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 23, 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 e listed on this form, see item 35.

or Federal office for specific instructions. 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

Hem 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.

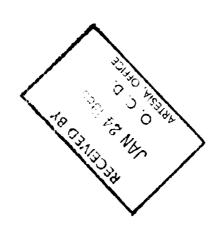
Hems 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified,

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 for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Coment": Attached supplemental records for this well should show the details of any multiple stage comenting and the location of the comenting 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.)

			· · · · · · · · · · · · · · · · · · ·		
FURNATION TOP	BOTTON	DESCRIPTION, CONTENTS, STC.		707	-
			3 2 2	MEAS, DEPTH	TRUS VERT. DEPTH
					,
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Anhydrite	1166	
	×/		Salt	1239	
is a	•		Base of Salt	1832	
	7	ę	Yates	1968	
			Seven Rivers	2105	
•			Queen	2726	
	-				
2	:				



REQUID

JAN 29 1935

O.C.D. HOBBE OFFICE