

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
NM OIL CONS. COMMISS.  
Artesia, NM 88210

SUBMIT IN DUPLICATE

Form approved,  
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM-015807

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Garner Federal

9. WELL NO.

8

10. FIELD AND POOL, OR WILL CAT

SE Chaves Queen Gas Area

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Assoc.

Sec. 3-T13S-R31E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

19. ELEV. CASINGHEAD

10-2850'

25. WAS DIRECTIONAL SURVEY MADE

No

27. WAS WELL CORED

No

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other ☐ P&A

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

Yates Drilling Company

3. ADDRESS OF OPERATOR

207 South 4th Street, Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations)

At surface 1980' FNL &amp; 1650' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

DEC 20 1984

15. DATE SPUDDED

11-4-84

16. DATE T.D. REACHED

11-9-84

17. DATE COMPL. (Ready to prod.)

Dry

18. ELEVATION (DF, RKB, RT, GR, ETC.)

4188.2' GL

20. TOTAL DEPTH, MD &amp; TVD

2850'

21. PLUG BACK T.D., MD &amp; TVD

-

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)\*

Dry

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL-LDT, DLL-MSFL

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	382'	12 1/4"	250 sxs.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

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.)

ACCEPTED FOR RECORD

PETER W. CHESTER

JAN 18 1985

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Karen Leshman

TITLE

Production Clerk

DATE

12-18-84

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

RECEIVED

RECEIVED

JAN 29 1985

C.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, 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 34.

**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: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DUAL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUTION USED, TIRM 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	1166	
				Salt	1239	
				Base of Salt	1832	
				Yates	1968	
				Seven Rivers	2105	
				Queen	2726	

RECEIVED BY  
JAN 24 1935  
O. C. D.  
ARTESIA OFFICE

RECEIVED  
JAN 29 1935  
O.C.D.  
HOBBS OFFICE