

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R3555.

5. LEASE DESIGNATION AND SERIAL NO.

NM-15896

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DeLuna Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILLCAT

S.E. Chaves Queen Gas Area

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

Sec. 22-T12S-R31E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

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 requirements)*

At surface 660' FSL & 990' FEL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

2-22-85

16. DATE T.D. REACHED

3-3-85

17. DATE COMPL. (Ready to prod.)

DRY

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

4433' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

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

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-3100'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION: TOP, BOTTOM, NAME (MD AND TVD)*

DRY

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL-LDT, DLL-MSFL

27. WAS WELL CORED

No

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#	439'	12 1/4"	250 sacks	

29. LINER RECORD

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

31. PERFORATION RECORD (Interval, size and number)

ACCEPTED FOR RECORD
PETER W. CHESTER

APR 10 1985

ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)

AMOUNT AND KIND OF MATERIAL USED

33.* BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

DATE FIRST PRODUCTION

PROD.

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.)

TEST WITNESSED BY

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 J. Leishman

TITLE Production Clerk

DATE 3-8-85

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



RECEIVED
APR 12 1985
O.C.D.
HOUSE OFFICE