

NM-0256521

Burkitt Federal

3

S.E. Chaves Queen Gas Area

Section 34-12S-31E

Chaves

N.M.

## 1a. TYPE OF WELL:

OIL  
WELL ☒GAS  
WELL ☐DRY ☐

Other \_\_\_\_\_

## 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 330' FNL &amp; 2310' FWL

At top prod. interval reported below

At total depth

## 15. DATE SPUDDED

8-9-85

## 16. DATE T.D. REACHED

8-16-85

## 17. DATE COMPL. (Ready to prod.)

10-1-85

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

4438' GR.

## 19. ELEV. CASINGHEAD

-

## 20. TOTAL DEPTH, MD &amp; TVD

3100'

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

3087'

## 22. IF MULTIPLE COMPL., HOW MANY\*

-

## 23. INTERVALS DRILLED BY

0-3100'

## ROTARY TOOLS

## CABLE TOOLS

-

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

2988'-2992', Queen

## 25. WAS DIRECTIONAL SURVEY MADE

No

## 26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL/FDC/LDT, DLL-MSFL

## 27. WAS WELL CORED

-

## 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#	424'	12 1/4"	270 SXS.	
5 1/2"	15.5#	3083'	7 7/8"	260 SXS.	

## 29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	2947'	-

## 31. PERFORATION RECORD (Interval, size and number)

2988'-2992', 10 .5" holes (2 JSPF)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2988'-2992'	750 gals. 15% HCL acid, 15000 gals. gelled 2% KCL water, 24 tons CO <sub>2</sub> & 19000# (12000# 20/40 & 7000# 12/20) sand.

## 33.\* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
10-1-85		Pumping				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10-1-85	24 hrs.	-	→	27	12	6	400/1
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
-	-	→	27	ACCEPTED FOR RECORD	6		

## 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

## 35. LIST OF ATTACHMENTS

Deviation Survey, Electric Logs.

## 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

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE CARE

DATE

10-11-85

# 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 DUAL-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
				Anhydrite	1435'
				Salt	1509'
				Base of Salt	2103'
				Yates	2227'
				Seven Rivers	2362'
				Queen	2987'

RECEIVED  
JAN 8 - 1986  
HOBBS OFFICE