

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

TO, BY, COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG 5680	

1. TYPE OF WELL

OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER ☐

2. TYPE OF COMPLETION

NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

3. Name of Operator

Yates Petroleum Corporation

4. Address of Operator

207 South 4th St., Artesia, NM 88210

5. Location of Well

NIT LETTER A LOCATED 660 FEET FROM THE North LINE AND 660 FEET FROM

6. East LINE OF SEC. 18 TWP. 13S RGE. 33E NMPM

7. Date Spudded 12-7-80 16. Date T.D. Reached 12-15-80 17. Date Compl. (Ready to Prod.) - 18. Elevations (DF, RKB, RT, GR, etc.) 4281.9' GR 19. Elev. Casinghead

20. Total Depth 4100' 21. Plug Back T.D. - 22. If Multiple Compl., How Many - 23. Intervals Drilled By Rotary Tools Cable Tools - 0-4100'

24. Producing Interval(s), of this completion - Top, Bottom, Name

Dry

25. Was Directional Survey Made

No

26. Type Electric and Other Logs Run

CNL/FDC; DLL

27. Was Well Cored

No

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	48#	390'	17-1/2"	400 SX	

9. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

10. Perforation Record (Interval, size and number)

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

DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED

11. PRODUCTION

Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. 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.)	

12. Disposition of Gas (Sold, used for fuel, vented, etc.)

Test Witnessed By

13. List of Attachments

Deviation Survey

14. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Production Supervisor DATE 8-23-83