

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

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____ NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input checked="" type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____						7. UNIT AGREEMENT NAME			
b. TYPE OF COMPLETION: At surface 330 FSL & 1650 FEL At top prod. interval reported below Same At total depth Same						8. FARM OR LEASE NAME South Maljamar Deep Unit			
2. NAME OF OPERATOR Harvey E. Yates Company, Inc. 3. ADDRESS OF OPERATOR Suite 1000, Security National Bank Bldg., Roswell, N.M. 88201						9. WELL NO. #1			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330 FSL & 1650 FEL At top prod. interval reported below Same At total depth Same						10. FIELD AND POOL, OR WILDCAT Wildcat			
14. PERMIT NO. NSL 779 DATE ISSUED 8-9-76						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 30, T-17S, R-32-E			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD	
8-10-76		10-11-76		11-24-76		3883 GR		3885	
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	
10,128		8,995		Single		Reverse Unit & Rotary Rig			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*								25. WAS DIRECTIONAL SURVEY MADE	
8,940' - 8,960' Abo								Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN								27. WAS WELL CORED	
C L M Density and Dual Laterolog RXO								No	
28. CASING RECORD (Report all strings set in well)									
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD			AMOUNT PULLED		
ing 13 3/8"	48#	302'	17 1/4"	300 SX			None		
ing 8 5/8"	32#	4221'	12 3/4"	550 SX			None		
4 1/2"	10.5 & 11.6#	9034'	7 7/8"	1340 SX			None		
29. LINER RECORD					30. TUBING RECORD				
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)		
None					2 3/8"	8842'	8772'		
31. PERFORATION RECORD (Interval, size and number).					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
0-42, 8950-54, 8956-60 - 12 Shots Reperforate					DEPT. INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED				
0-42, 8950-54, 8956-60 - 10 Shots					Squeeze off perfs W/100 Sx Cl H 6# per Sk Salt				
					Treat W/1000 Gal 15% HCL Acid - Treat W/5000 Gal 15% HCL Acid				
33.* PRODUCTION									
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)		
11-24-76		Swabbing - Will continue to test with P.U.					W O Pump Jack		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO		
11-24-76	9	None	→	27	TSTM	127.5*			
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR)			
0	0	→	140	TSTM	272				
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							TEST WITNESSED BY		
Will sell if volume increases							Bill Gilmore		
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 Ind G Yates			TITLE Vice President			DATE 12-13-76			

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

* OIL CUT INCREASED TO 34%.

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 DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	TOP	
				MEAS. DEPTH	TRUE VERT. DEPTH
Wolfcamp Limestone	9170				
DST #1 - Open Hole 8955' - 8995' KB Initial Hydrostatic: 4456 psig Initial flow (29 min.): 452 - 1290 psig Initial CIP (89 min.): 3140 psig Final flow (120 min.): 1388 - 2622 psig Final CIP (363 min.): 3192 psig Final hydrostatic: 4541 psig Reversed out 30 bbls of fluid (50% oil) Sample chamber: 700 psig; 0.55 ft. 3/gas. 2400 cc water					