

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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 Harvey E. Yates Company						7. UNIT AGREEMENT NAME Young Deep Unit	
3. ADDRESS OF OPERATOR P. O. Box 1933, Roswell, New Mexico 88201						8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL & 1980' FEL At top prod. interval reported below At total depth Same						9. WELL NO. 3	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUDDED 1/25/81						16. DATE T.D. REACHED 2/16/81	
17. DATE COMPL. (Ready to prod.) Dry hole						18. ELEVATIONS (OF, REB, RT, GR, ETC.)* 3849.0' GR	
19. ELEV. CASINGHEAD 3489						20. TOTAL DEPTH, MD & TVD 9500	
21. PLUG, BACK T.D., MD & TVD 8650						22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →						ROTARY TOOLS 0 - 9500	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry hole						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN DLL-Micro Laterlog, CD-CN						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13 3/8		61		658		17 1/2	
8 5/8		32-28-24		4657		11	
4 1/2		11.6-10.5		9505		7 7/8"	
29. LINER RECORD		30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
				NONE			
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
9286-9364' - .4 dia 32 holes		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
8518-8525' - .4 dia 14 holes		9286 - 9364		250 gal - 10% acetic			
Hydrojet 8520 w/3 holes				4000 gal - 15% DS-30			
				Sgq w/200 sx "H" w/.6% Flac & 20			
				"H" neat.			
33.* PRODUCTION 8518-8525' Sgq 2/100 sx "H" w/.5% Halad 22-A							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or 4% CFR-shut-in)	
-		Swab Testing				SI	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
10/10/81		8		3/4		→	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
0		0		→		0	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		35. LIST OF ATTACHMENTS					
Frac Gas							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from available records		SIGNED <i>Paul J. Sander</i>		TITLE <i>Engineer</i>		DATE <i>2/10/83</i>	

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

RECEIVED

(OR) G. SCD. DAVID R. GLASS
FEB 16 1983
MINERAL MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

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 USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Red Bed	0	2688			
Anhy	2688	4522			
Lime	4522	8000			
Shale & Lime	8000	9500			

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FEB 17 1983
C.C.D.
HOBBS OFFICE