

(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 _____
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/>	DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESERV. <input type="checkbox"/> Other _____
2. NAME OF OPERATOR Harvey E. Yates Company			
3. ADDRESS OF OPERATOR P. O. Box 1933, Roswell, New Mexico 88201			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*			
At surface 1650' FNL & 1980' FWL At top prod. interval reported below At total depth Same			
		14. PERMIT NO.	DATE ISSUED
15. DATE SQUEELED 8/5/84		16. DATE T.P. REACHED 9/3/84	17. DATE COMPL. (Ready to prod.) 9/11/84
		18. ELEVATION (OF REF. PT., GR., ETC.)* 3818.9	19. ELEV. CASINGHEAD No
20. TOTAL DEPTH, MD & TVD 9212	21. PLUG BACK P.B., MD & TVD 9156	22. IF MULTIPLE COMPS., HOW MANY* NA	23. INTERVAL DRILLED BY ROTARY TOOLS 0-9212
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 8389' - 8500' Bone Springs			25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN DLL w/GR, CDCN w/ GR			27. WAS WELL CORED
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT LB./FT.	DEPTH SET (MD)	HOLE SIZE
13 3/8	54.5	602	17 1/2
8 5/8	24 & 32	2680	11
5 1/2	17	9212	7 7/8
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
		NA	
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8	8271	8271	
31. PERFORATION RECORD (Interval, size and number)			
8389' - 8500' (13 shots)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED	
		8389' - 8500' Spot 200 gal SRA	
33.* PRODUCTION			
DATE FIRST PRODUCTION 9/11/84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Prod			
DATE OF TEST 9/11/84	HOURS TESTED 24	CHOKE SIZE 16/64	PROD'N. FOR TEST PERIOD ACCEPTED FOR RECORD
FLOW. TUBING PRESS. 525#	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—EBL. 300
		GAS—MCF. 300	WATER—BBL. 0
		OIL GRAVITY-API (COBR.) 37.8	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold			
TEST WITNESSED BY Micky Young			
35. LIST OF ATTACHMENTS Deviation Survey & Logs			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED [Signature]		TITLE Reservoir Engineer	
		DATE 9/19/84	

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

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 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary report 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: "Rock(s) 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 LOGS AND ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CEMENT TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	DEPTH INTERVAL TESTED, CEMENT TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	
	TOP	BOTTOM			TOP	TRUE VERT. DEPTH
Red Bed & Salt	0	2180		Rustlor	1116	
Anhyd & Salt	2180	5027		Cowden	2263	
Dolo	5027	7343		Yates A	2654	
Sh, Li & Chert	7343	8270		7 Rivers	3102	
Dolo & Sh	8270	9212		Bowers	3551	
				Queen	3818	
				Penrose	4056	
				Grayburg	4364	
				San Andres	4730	
				Bone Springs	6244	
				TP	9212	

RECEIVED
SEP 28 1984
FEDERAL BUREAU OF GEOLOGICAL SURVEY