Form 9-330
(Rev. 5-63)

UNIT' STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE (See other instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM 12744

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other WATER INJECTION RECOMPLETION RE-ENTRY

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other Water Injection

7. UNIT AGREEMENT NAME: Teas Yates Unit

2. NAME OF OPERATOR: Anadarko Production Company

8. FARM OR LEASE NAME: Tract No. 15

3. ADDRESS OF OPERATOR: P. O. Box 806, Eunice, New Mexico 88231

9. WELL NO.: 1

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface 1980' FSL & 660' FEL

10. FIELD AND POOL, OR WILDCAT: Teas Yates

At top prod. interval reported below Same

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

At total depth Same

14-T20S-R33E

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
	5-13-74	Lea	New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
7-12-74		2-28-75	3601' DF	

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
3535'	3505'		→		

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
3261-3400 Yates

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray- Acoustilog, Caliper

27. WAS WELL CORED: No

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10-3/4"	32.75#	510'	14-3/4"	635 sks. Circ 20 s s to pits	None
4½"	10.50#	3525'	7-7/8"	1235 s s. Circ. 150 s s to pits	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	3194'	3196'

31. PERFORATION RECORD (*Interval, size and number*)
3261-3299' w/32 holes .4" dia.
3319-3358' w/28 holes .4" dia.
3380'-3400' w/14 holes.4" dia.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3261-3299'	1500 gals 15% Reg. Acid
3319-3358'	1000 gals 15% Reg. Acid
3380-3400'	500 gals 15% Reg. Acid

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
		Injection Well

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.)

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

TEST WITNESSED BY

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 R. Rendleson TITLE Area Supervisor DATE 3-11-75

*(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 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Yates	3210	3510	

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Anhydrite	1520	
Salt	1580	
Yates	3210	
Seven Rivers	3510	

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636
837-497

Tract 15-1 Teas Yates Unit

ITEM 29: Supplemental Sheet

4½" 10.50# csg. set @ 3525' w/Halliburton DV Tool @ 2803' and cmt. 1st. stage w/185 sks. Class "C" w/10# salt, ¼# flocele per sk. and 150 sks. Class "C" w/2% CaCL, 10# salt and ¼# flocele per sk. Circulated 25 sks. to pit. 2nd stage w/900 sks Halliburton light w/10# salt, ¼# flocele per sk. Circulated 150 sks. to pit.

Form 9-331
(May 1963)

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM 12744

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER Injection Well

7. UNIT AGREEMENT NAME: Teas Yates Unit

2. NAME OF OPERATOR: Anadarko Production Co.

8. FARM OR LEASE NAME: Tract 15

3. ADDRESS OF OPERATOR: Box 806, Eunice, New Mexico 88231

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL 660' FEL

10. FIELD AND POOL, OR WILDCAT: Teas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 15-20S-33E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3601 GL

12. COUNTY OR PARISH: Lea

13. STATE: N. Mex

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Injection Well	☐		
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

1. RUPU and reverse unit.
2. Cleaned out to 520' and ran 510' 10-3/4" 32.75 J55 , cmtd. w360 sks. class "C" w/4% Gel, 2% cacl. 10# salt & ¼# flocele p/sk. followed w/275 sks. class "C" neat.
3. Cleaned out to 3535' Ran Gamma Ray Acoustic Laterlog.
4. Ran 3525' 4½" 10.50# J-55 csg. w/Guide shoe and float collar D.V. tool @ 2803' cmt. 2 stages w/360 sks class "C" and 900 sks. Hal. light circulated 150 sks. to pit.
5. Perforated w/1 JSPF 3261-3299, 3319-3358, 3380-3400'.
6. Acidized w/3000 gals. 15% NE acid.
7. Ran 4½" UNI-1 tension packer & 3194' 2-3/8" 8R, J-55 Salta Lined tubing set packer w/15,000 # tenaion.
8. RDPU. 2-28-75

18. I hereby certify that the foregoing is true and correct

SIGNED A Henderson TITLE Area Supervisor DATE 5-29-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
JUN 12 1975
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

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 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-685229

847 - 485

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM 12744

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER Water Injection (Re-entry)

7. UNIT AGREEMENT NAME: Teas Yates Unit

2. NAME OF OPERATOR: Anadarko Production Company

8. FARM OR LEASE NAME: Tract No. 15

3. ADDRESS OF OPERATOR: P. O. Box 806 Eunice, New Mexico 88231

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL and 660' FEL

10. FIELD AND POOL, OR WILDCAT: Teas Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 14-T20S-R33E

14. PERMIT NO.: Dated 5-13-74

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3601' DF

12. COUNTY OR PARISH: Lea

13. STATE: N. Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	X	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			☐
(Other)			☐	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

1. Cleaned out to TD 3525' using 7-7/8" & 6¼" bit.
2. Ran Gamma Ray-Acoustilog and caliper.
3. Ran 3525' 4½" 10.5# J-55 casing with a 2 stage DV tool at 2803'. Set casing @ 3525'.
4. Cemented in 2 stages. First stage 185 sks Class "C" cement with 10# salt and ¼# flocele per sk, followed by 150 sks Class "C" with 2% Cacl, 10# salt and ¼# flocele per sk. Circulated 25 sks to pit. Circulated 4 hrs. waiting on cement. Second stage 900 sks Halliburton Lite cement with 10# salt & ¼# flocele per sk. Circulated 150 sks to pit.
5. Shut in 24 hrs. waiting on cement, pressure tested casing to 1000 psi for 30 minutes without loss of pressure.
6. Well shut in.

18. I hereby certify that the foregoing is true and correct

SIGNED [signature] TITLE Area Supervisor DATE 9-24-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SEP 10 1974
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.: NM 12744

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☐ OTHER Water Injection (Re-entry)

7. UNIT AGREEMENT NAME: Teas Yates Unit

2. NAME OF OPERATOR: Anadarko Production Company

8. FARM OR LEASE NAME: Tract No. 15

3. ADDRESS OF OPERATOR: P. O. Box 806, Eunice, New Mexico 88231

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL & 660' FEL

10. FIELD AND POOL, OR WILDCAT: Teas Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 14-T20S-R33E

14. PERMIT NO.: Dated 5-13-74

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3601' DF

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13. STATE: N. Mexico

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FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)	☐			(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

1. Rig up well servicing unit and reverse circulation unit 7-12-74.
2. Clean out with 14-3 4" bit to 520'.
3. Ran 510' 10-3/4" 32.75# J-55 casing. Set at 510'.
4. Cemented with 360 sks Class "C" with 4% gel, 2% cacl, 10# salt and ¼# flocele per sk, followed by 275 sks class "C" neat. Circulated 20 sks to pit.
5. Shut in 24 hours waiting on cement. Pressure tested casing to 600 psi for 30 minutes without loss of pressure.

18. I hereby certify that the foregoing is true and correct

SIGNED [signature] TITLE Area Supervisor DATE 9-24-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
SEP 26 1974
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO