

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
P.O. BOX 88231
ROSWELL, NEW MEXICO 88204Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC070311

6. IF INDIAN, ALIOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Teas Yates Unit

8. FARM OR LEASE NAME

Tract 8

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Teas 7 Rivers

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

S13-T20S-R33E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

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. RENVR. ☐ Other _____

2. NAME OF OPERATOR

Anadarko Production Company

3. ADDRESS OF OPERATOR

P. O. Box 806, Eunice, NM 88231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 2490' FNL & 10' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

11-15-82

15. DATE SPUNDED

12-23-82

16. DATE T.D. REACHED

2-9-83

17. DATE COMPL. (Ready to prod.)

2-25-83

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3603.6' GR

19. ELEV. CASINGHEAD

3602'

20. TOTAL DEPTH, MD & TVD

3365'

21. PLUG, BACK T.D., MD & TVD

3365'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-3192

3192-3365'

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

Yates 3245' - 3365'

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR. Compensated Neutron Log

27. WAS WELL CORED

Yes (Potash)

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"	40.6#	1455"	15"	1300 SX	-----
7-5/8"	26.40#	3182	9-5/8"	600 SX	-----

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	3309	----

31. PERFORATION RECORDED (Interval, size and number)

Open Hole

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
	1500 gals MCA Acid & 30,000 gals. 70 Equality Foam 45,000# 20/40 sand & 24,000# 10/20 sand (510,000 SCF Nitrogen)

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
2-25-83		Pump 2 X 1½" X 16' Insert				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-27-83	24 hrs.	---	→	78	3.7	118	47
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		→	ACCEPTED FOR RECORD				32.5

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

Sold

(ORIG. SGD) DAVID R. GLASS
MAR 23 1983
Max Espino

35. LIST OF ATTACHMENTS

Gamma Ray Neutron Log

36. I hereby certify that the foregoing and attached information is complete and correct as obtained from all available records

SIGNED

TITLE

Field Foreman

DATE

3-10-83

*(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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Yates	3205'	3345'	Sandy Lime	Anhydrite Salt	1330' 1540'	

RECEIVED
MAR 28 1983
O.C.D.
MOBBS OFFICE