

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE (See other Instructions or reverse side)

Form approved. Budget Bureau No. 42-R355.6

C/SF

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO. NM-18493

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1a. TYPE OF WELL: OIL WELL [] GAS WELL [] DRY [X] Other []
b. TYPE OF COMPLETION: NEW WELL [] WORK OVER [] DEEP-EN [] PLUG BACK [] DIFF. RESVR. [] Other []

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR Robert N. Enfield

8. FARM OR LEASE NAME Federal "27"

3. ADDRESS OF OPERATOR P. O. Box 2431, Santa Fe, New Mexico 87501

9. WELL NO. 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 2310' FNL & 330' FEL of Sec. 27
At top prod. interval reported below
At total depth

10. FIELD AND POOL, OR WILDCAT Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 27, T-9-S, R-29-E

14. PERMIT NO. DATE ISSUED

12. COUNTY OR PARISH Chaves 13. STATE NM

15. DATE SPUNDED 6/29/83 16. DATE T.D. REACHED 8/18/83 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4017.8

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 1448' 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS

25. WAS DIRECTIONAL SURVEY MADE All

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Neutron Litho Density Log

27. WAS WELL CORED NO

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

Table with columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Row 1: 10-3/4", 40.5#/ft., 535', 14-3/4", 200 sx Class "C" 2% Cacl2, Cement circulated to surface.

Table with columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD). Includes LINER RECORD and TUBING RECORD sections.

Table with columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Includes PERFORATION RECORD and ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Table with columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS (Producing or shut-in), DATE OF TEST, HOURS TESTED, CHOKER SIZE, PROD'N. FOR TEST PERIOD, OIL-BBL., GAS-MCF., WATER-BBL., GAS-OIL RATIO.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY ACCEPTED FOR RECORD

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: Robert N. Enfield TITLE: Operator DATE: 8/29/83

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 53, 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	FORMATION		DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	NAME	TOP	
	TOP	BOTTOM				MEAS. DEPTH	TRUE VERT. DEPTH
	820'	848'	Rusler Anhydrite				
	848'	1218'	Salt				
	1267'	1365'	Yates				
	1365'		Lower Yates Sand				