

AFFIDAVIT

State of Texas _____ Cities Service _____ Company _____

County of Midland _____ Lease Name Federal R _____ Well # 1 _____

In Sec. 3 Twp. 19S Rge. 31E _____

County of Eddy _____

State New Mexico _____

Elmer Startz _____ of lawful age being first duly sworn deposes and

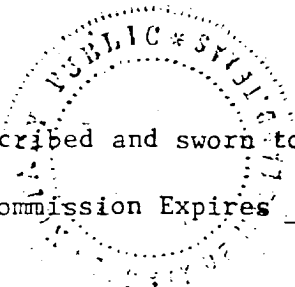
says:

That he supervises development and operation of the captioned lease and is duly qualified and authorized to make this affidavit and is fully acquainted with all facts herein set out concerning Deviation and Directional drilling.

<u>Degrees</u>	<u>Depth</u>	<u>Degrees</u>	<u>Depth</u>	<u>Degrees</u>	<u>Depth</u>
.25	484				
.50	850				
1.00	1348				
1.00	1845				
1.00	2335				
1.00	2828				
.75	3307				
1.00	3530				
.50	3748				
.50	4240				

T.D. 4259'

Further affiant saith not.



Elmer Startz _____

Subscribed and sworn to before me this 9th day of March, 19 82

My Commission Expires 10/31/84 Christine Hamblen Notary Public
Midland County, Texas

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210Form approved.
Budget Bureau No. 42-R355.5.

RECEIVED

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 Cities Service Company /															
3. ADDRESS OF OPERATOR P.O. Box 1919 - Midland, Texas 79702															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2080' FSL & 660' FEL At top prod. interval reported below Same as above At total depth Same as above															
14. PERMIT NO.				DATE ISSUED MAR 11 1982											
15. DATE SPUDDED 10-19-81		16. DATE T.D. REACHED 11-1-81		17. DATE COMPL. (Ready to prod.) 3-4-82		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3599' GR		19. ELEV. CASINGHEAD 3599'							
20. TOTAL DEPTH, MD & TVD 4259'		21. PLUG, BACK T.D., MD & TVD 4211'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS D-T.D. 4259'		25. WAS DIRECTIONAL SURVEY MADE No							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3362 - 3405' Queen, 3819-3926' Grayburg								27. WAS WELL CORED No							
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL-FDL, Cal-GR, DLL-MSFL, Deviation Survey															
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
8-5/8"		24#		850'		12-1/4"		550 sacks		Circulated					
5-1/2"		14#		4259'		7-7/8"		1225 sacks		Circulated					
29. LINER RECORD								30. TUBING RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										2-7/8"		4180'		-----	
31. PERFORATION RECORD (Interval, size and number) 2 SPF @ 3819-20-21-24-76-77-78' & 3924-25-26', 3362-63-70-71-73-75-76-80-81-82-84-86-87-88-92-93-96-97-98' & 3404-05'								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
								DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED					
								3819 - 3926'		3000 gals 15% HCl acid, 35,000 gals gelled KCl wtr. + 47,500# Sc					
								3362 - 3405'		2500 gals 15% KCl acid, 35,000 gals KCl gelled wtr. + 47,500#					
										Sd. + 750# rock salt					
33.* PRODUCTION															
DATE FIRST PRODUCTION 11-18-81		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping - 2-1/2" X 1-1/4" X 16' - Insert						WELL STATUS (Producing or Shut-in) Producing							
DATE OF TEST 3-4-82		HOURS TESTED 24 hrs.		CHOKE SIZE		PROD'N. FOR TEST PERIOD →		OIL—BBL. 84		GAS—MCF. TSTM		WATER—BBL. 36		GAS-OIL RATIO TSTM	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE →		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.) 27.8			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Gas TSTM								TEST WITNESSED BY J. L. Bussell							
35. LIST OF ATTACHMENTS Deviation Survey															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED <u>Elmer Stutz</u>								U.S. GEOLOGICAL SURVEY Region Opr. Mgr. - Prod. DATE 3-9-82							

*(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
NO CORES OR DST'S WERE TAKEN.....				Queen Grayburg	3362 3819
					TOP TRUE VERT. DEPTH