

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, N.M. 88210
DUPLICATE*

(See other instructions on reverse side)

Form approved. 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
McClellan Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 730, Roswell, NM 88201

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-31951

6. IF INDIAN, AGENCY OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Arco Federal

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
East McMillan -Queen

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 34-T19S-R27E

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED 3-29-89 16. DATE T.D. REACHED 4-11-89 17. DATE COMPL. (Ready to prod.) _____

18. ELEVATIONS (OF, RKB, RT, GR, ETC.)* 3405 G.L. 19. ELEV. CASINGHEAD 3405 G.L.

20. TOTAL DEPTH, MD & TVD 1420' 21. PLUG, BACK T.D., MD & TVD _____

22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
None

25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN None 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
8 5/8	24	298	12 1/4"	200 SX	Circ.

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
N/A		

31. PERFORATION RECORD (Interval, size and number)
N/A

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION N/A PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

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 Paul C. Ragland TITLE Operations Manager DATE 4/25/89

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 33.

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.									
Seven Rivers	753	760	Sand, stain of oil, slight water show									
Queen	1320	1420	Sand & dolomite, dry gas with some oil stain									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">NAME</th> <th style="width: 15%;">MEAS. DEPTH</th> <th style="width: 40%;">TRUE VERT. DEPTH</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">7 Rivers</td> <td style="text-align: center;">753</td> <td></td> </tr> <tr> <td style="text-align: center;">Queen</td> <td style="text-align: center;">1320</td> <td></td> </tr> </tbody> </table>				NAME	MEAS. DEPTH	TRUE VERT. DEPTH	7 Rivers	753		Queen	1320	
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