

SUBMIT IN DUPLICATE*
(See other instructions on reverse side)

FORM APPROVED
OMB NO. 1004-0137
Expires: February 28, 1995

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WORK
OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____

1b. TYPE OF WELL
NEW WELL ☐ WORK OVER ☒ DEEPEN ☐ PLUG BACK ☐ DIFF RESVR ☐ Other _____

2. NAME OF OPERATOR
Elm Ridge Resources, Inc.

3. ADDRESS AND TELEPHONE NO.
312 West La Plata Street, Farmington, NM 87401 (505) 326-7099

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

At top prod. Interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED **3/31/86** 16. DATE T.D. REACHED **4/9/86** 17. DATE COMPL. (Ready to prod.) **12/17/92**

18. ELEVATION (IDE, RKB, RT, GR, ETC.)* **6880' GL**

19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD **2600'** MD **2515'** MD **2515'** TVD **2515'** MD **2515'** TVD

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

22. IF MULTIPLE COMPL. HOW MANY* _____

23. INTERVALS DRILLED BY **XX** ROTARY TOOLS _____ CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*
2436 - 2446

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
IES, FDC, CNL

27. WAS WELL CORED
No

23. CASING RECORD (Report all strings set in well)					
CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
5 1/2"	14#/ft	102'	6 3/4"	35 ft Class B w/2% CaCl2	
2 7/8"	6/5#/ft	2577'	4 3/4"	295 ft Class B	

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)

31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL	SIZE	NUMBER	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2436 - 2446	4"	21	2436 - 2446'	27,000 gallons 60Q foam & 51,100 lbs 20/40 sand @ 25 BPM & 3,000 PSI Flush w/N2 & base gel

33.* PRODUCTION

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

DATE OF TEST **8/4/00** HOURS TESTED **24** CHOKE SIZE **3/4"** PROD'N. FOR TEST PERIOD **0** OIL--BBL. **70** GAS--MCF **1** WATER--BBL. **#DIV/0!**

FLOW. TUBING PRESS. **25** CASING PRESSURE **210** CALCULATED 24-HOUR RATE **70** OIL--BBL. **1** GAS--MCF **1** WATER--BBL. **1** OIL GRAVITY-API (CORR.) **1**

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented** TEST WITNESSED BY **Ricky Duran**

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 *Ricky Duran* TITLE *Production Asst.* DATE *08/09/2000*

*(See Instructions and Spaces for Additional Data on Reverse Side)