

**UNITED STATES DEPARTMENT OF THE INTERIORS
GEOLOGICAL SURVEY**

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

Form approved.
Budget Bureau No. 42-R355.5.

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 DEEPEN PLUG BACK DIFF. RESVR. Other Plug & Abandon

2. NAME OF OPERATOR
Highland Production Company

3. ADDRESS OF OPERATOR
810 N. Dixie Blvd., Suite 202, Odessa, Texas 79761

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

14. PERMIT NO. _____ DATE ISSUED 5/23/88

15. DATE SPUDDED 6/6/88 16. DATE T.D. REACHED 6/20/88 17. DATE COMPL. (Ready to prod.) 6/21/88 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3172.1 GR 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 6903 21. PLUG, BACK T.D., MD & TVD see below 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 6903 CABLE TOOLS _____

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

25. WAS DIRECTIONAL SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
None

27. WAS WELL CORED
No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>8 5/8"</u>	<u>24#</u>	<u>1195</u>	<u>12 1/2</u>	<u>450 Sacks HLC-Prem</u>	
				<u>200 Sacks Premium Plus</u>	
				<u>4 Sacks Anhydrous Cal. Chloride. Circulate to surface.</u>	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<u>6665-6465</u>	<u>200' Plug</u>
<u>5177-5077</u>	<u>100' Plug</u>
<u>1643-1543</u>	<u>100' Plug 600 Sacks Premium Plus Cement.</u>
<u>1240-1140</u>	<u>100' Plug</u>

33.* PRODUCTION 50-0 50' Plug

DATE FIRST PRODUCTION _____ 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 Johnnye L. Nance TITLE Assistant Secretary DATE May 24, 1989

*(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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
		6903	BECAUSE OF HOLE CONDITIONS, WE WERE UNABLE TO LOG AND THEREFORE UNABLE TO SET PRECISE GEOLOGIC MARKERS. AFTER 4300' encountered sands and shale. (redbed)	38.	
				MEAS. DEPTH	TRUE VERT. DEPTH
				TOP	
				NAME	
				964	964
				1300	1300
				2304	2304
				2922	2922
				3575	3575
				3722	3722
				3818	3818
				4060	4060
				4198	4198
				4302	4302

RECEIVED
JUN 5 1989
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 HOBBS OFFICE