

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

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

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

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
TEXACO, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface
At top prod. interval reported below **1980' FSL & 1980' FWL (Unit Letter 'K')**
At total depth

14. PERMIT NO. **Regular** DATE ISSUED **7-26-84**

15. DATE SPICED 9-21-84 16. DATE T.D. REACHED 10-7-84 17. DATE COMPL. (Ready to prod.) 11-7-84 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3345' (GR) 19. ELEV. CASINGHEAD 3345'

20. TOTAL DEPTH, MD & TVD 8000' 21. PLUG, BACK T.D., MD & TVD 7565' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-8000' ROTARY TOOLS -0- CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
6790-7379' - Abo 25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN **GR-CNL-LDT, GR-DLL-MSFL, BHC-Sonic, GR-NGT** 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
11 3/4"	42#	1200'	15"	1600 SX	-0-
5 1/2"	17#	8000'	7 7/8"	2550 SX	-0-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	7439'	7439'

31. PERFORATION RECORD (Interval, size and number)
Perforate 5 1/2" Csg. W/2 JSPF From 6790'-7379'.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6790'-7379'	8000 GALS 15% NE ACID & 140 BALL SEALERS

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
11-7-84	Flowing	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-9-84	24	24/64"	→	139	201	11	1446

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
110#		→	139	201	11	39.0

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Sold** NOV 19 1984 WITNESSED BY **J.A. Head**

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 W.A. Bahr TITLE **District Operations Manager** DATE **11/15/84**

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

Handwritten mark

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, per their 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; CORFD INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
					TRUE VERT. DEPTH
Red Bed	0	1200		Anhydrite	1323
Anhydrite	1200	2100		Salt	1465
Anny & Salt	2100	2895		Glorieta	5163
Anhydrite	2895	3675		Binebry	5712
Dolomite & lime	3675	5120		Drinkard	6458
Dolo & Shale	5120	5675		Abo	6704
Dolo & Lime	5675	7591			
Lime	7591	8000			
TOTAL DEPTH		8000			
PBTD		7565			

RECEIVED
NOV 20 1984