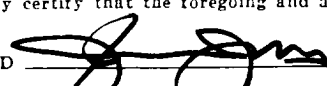


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions 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 ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR ELK OIL COMPANY						5. LEASE DESIGNATION AND SERIAL NO. NM-2244	
3. ADDRESS OF OPERATOR Post Office Box 310, Roswell, New Mexico 88201						7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 1980' FEL At top prod. interval reported below At total depth						8. FARM OR LEASE NAME Phillips Federal	
14. PERMIT NO.						12. COUNTY OR PARISH Lea	
DATE ISSUED						13. STATE NM	
15. DATE SPUDDED 11/29/85	16. DATE T.D. REACHED 12/26/85	17. DATE COMPL. (Ready to prod.) 1/31/86	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3322 GR		19. ELEV. CASINGHEAD 3224		
20. TOTAL DEPTH, MD & TVD 9455'	21. PLUG, BACK T.D., MD & TVD 7360'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS X	CABLE TOOLS		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7298-7304 Abo					25. WAS DIRECTIONAL SURVEY MADE Yes		
26. TYPE ELECTRIC AND OTHER LOGS RUN Schlumberger CNL/LDT; DLL/MSFI					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	
13 3/8"	72#	1160'	17 1/2"	1000 sxs		None	
8 5/8"	32#	2704'	12 1/4"	900 sxs		None	
5 1/2"	17#	7584'	5 1/2"	2000 sxs		None	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	7134	7104
31. PERFORATION RECORD (Interval, size and number) 7298-7304; 1/2"; 44 holes				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED		
				7298-7304	11,000 gals 20% NeFe Acid		
33. PRODUCTION							
DATE FIRST PRODUCTION 1/20/86		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing			WELL STATUS (Producing or shut-in) Producing		
DATE OF TEST 1/27/86	HOURS TESTED 24 hrs	CHOKE SIZE 24/64	PROD'N. FOR TEST PERIOD →	OIL—BBL. 50	GAS—CUF. 50	WATER—BBL. 0	GAS-OIL RATIO 1000;1
FLOW. TUBING PRESS. 100#	CASING PRESSURE Packer	CALCULATED 24-HOUR RATE →	OIL—BBL. 50	GAS—CUF. 50	WATER—BBL. 0	OIL GRAVITY-API (CORR.) 37	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vent							TEST WITNESSED BY J. Cannon
35. LIST OF ATTACHMENTS 2 copies of logs and directional survey							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED 		TITLE President		DATE 1/31/86			

(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: "Seals 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Abo	7298	7304	Oil	Anhydrite	1235	
				T. Salt	1310	
				Yates	2720	
				Sau Andries	3854	
				Glorietta	5206	
				Tubb	6154	
				Vivian	6510	
				Devonian	7455	
				Fuselman	8428	
				Simpson	8992	
				McKee	9310	

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HALL COUNTY