

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 ☐		7. UNIT AGREEMENT NAME Sicaria 11A Apache	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		8. FARM OR LEASE NAME Northeast Haynes	
2. NAME OF OPERATOR CONOCO INC.		9. WELL NO. 114	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		10. FIELD AND POOL, OR WILDCAT Otero Ranch Pictured Cliffs	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 905' FSL & 1050' FWL At top prod. interval reported below ☒ At total depth ☒		11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA Sec. 15, T-24N, R-5W	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 1/15/81		16. DATE T.D. REACHED 1/26/81	
17. DATE COMPL. (Ready to prod.) 3/4/81		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6610' GR	
19. ELEV. CASINGHEAD		12. COUNTY OR PARISH Rio Arriba	
20. TOTAL DEPTH, MD & TVD 2560'		21. PLUG, BACK T.D., MD & TVD 2555'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2332'-2434' Pictured Cliffs		25. WAS DIRECTIONAL SURVEY MADE none	
26. TYPE ELECTRIC AND OTHER LOGS RUN temp. survey, GR, CAL, SP-IES		27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)			
Casing Size		Weight, lb./ft.	
8 5/8"		24#	
3 1/2"		9.2#	
Depth Set (MD)		Hole Size	
280'		12 1/4"	
2555'		6 1/2"	
Cementing Record		Amount Pulled	
200sx		10 bbls.	
220 sx.		TOC 1375' temp survey	
29. LINER RECORD			
Size		Top (MD)	
None		Bottom (MD)	
Sacks Cement*		Screen (MD)	
None		None	
30. TUBING RECORD			
Size		Depth Set (MD)	
None		Packer Set (MD)	
31. PERFORATION RECORD (Interval, size and number)			
2332', 34', 36', 38', 40', 42', 44', 46', 50', 52', 86', 88', 90', 92', 94', 96', 2428', 30', 32', 34'. 20 holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
Depth Interval (MD)		Amount and Kind of Material Used	
2332'-2434'		6 bbls. 15% HCL-NE-FE, 1253 bbls. Snam, 70000# 20/40 sd.	
33. PRODUCTION			
Date First Production 3/4/81		Production Method (Flowing, gas lift, pumping—size and type of pump) Flowing	
Well Status (Producing or shut-in) shut-in		Date of Test 3/17/81	
Hours Tested 24		Choke Size NA	
Prod'n. for Test Period 0		Oil—BBL. 0	
Gas—MCF. AOF 5898		Water—BBL. 0	
Gas-Oil Ratio		Oil Gravity-API (corr.)	
NA		NA	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold			
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 Wm. D. F. [Signature]		TITLE Administrative Supervisor	
DATE March 27, 1981		DATE March 27, 1981	

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

NMOCC

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.)

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
PICTURED CLIFFS	2322	T.D. +	SS	OJO ALAMO SS	1582	
				KIATLAND Sh	2001	
				PICTURE CLIFFS	2322	