

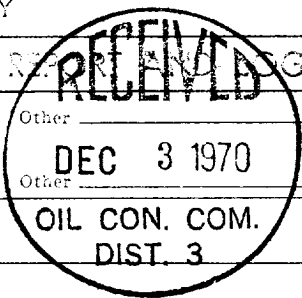
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT



1. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

2. TYPE OF COMPLETION: NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
Merrill Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 233, Midway, New Mexico 88162

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1,840' FWL, 1,700' FBL, NE SW NE Section 33, T.26N., R.5W.
At top prod. interval reported below
At total depth
No directional survey

5. LEASE DESIGNATION AND SERIAL NO.
Tract 231, Contract 600154

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Mescalito Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mescalito Apache

9. WELL NO.
13

10. FIELD AND POOL, OR WILDCAT
South Blanco-Pictured Cliffs

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Section 33, T.26N., R.5W.

12. COUNTY OR PARISH
Mescalito

13. STATE
New Mexico

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED 10-31-70 16. DATE T.D. REACHED 11-2-70 17. DATE COMPL. (Ready to prod.) 11-6-70 18. ELEVATIONS (DE, RKB, RT, GR, ETC.)* 515' DND 19. ELEV. CASINGHEAD 6,502'

20. TOTAL DEPTH, MD & TVD 2,005' 21. PLUG, BACK T.D., MD & TVD 2,946' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-2905 CABLE TOOLS 0

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Pictured Cliffs Sand Top: 2,822; Bottom: 2,898. 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RCN Gamma Ray - Caliper - Compensated Formation 27. WAS WELL CORED No
Resistivity, Cement Bond Log and Performance Log with Control (CB)

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

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|--|---------------|
| 8-5/8" O.D. | 240 | 224 | 12 1/2 | 130 sacks Class A - cement on surface. | 0 |
| 4 1/2" O.D. | 16.5" & 11.3" | 2,082 | 7-7/8 | 135 sacks Class C on bottom 550 sacks 140lb weight to 280 | 0 |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) |
|------|----------|-------------|---------------|-------------|
| None | | | | |

30. TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|--------|----------------|-----------------|
| 2-3/8" | 2,811 | None |

31. PERFORATION RECORD (Interval, size and number)

2826'-2827', 4 - 17 Gram Hyper Jets
2841'-2844', 10 - 17 Gram Hyper Jets
2855'-2871', 32 - 17 Gram Hyper Jets
2875'-2877', 4 - 17 Gram Hyper Jets

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|---|
| 2826'-2877' | 50 0000, 10-20 sand fracture treatment, 1/2" to 1 1/2" sand per gallon of 0.5% KCl water contains filtration reducer. |

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut-in pending connection to El Paso Gathering

| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
|--------------|--------------|------------|-------------------------|----------|----------|------------|---------------|
| 11-26-70 | 2 hours | 3/4" | → | None | | None | |

| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) |
|---------------------|-----------------|-------------------------|----------|----------|------------|-------------------------|
| 227 psia | 130 psia | → | 0 | 2,010 | 0 | |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Vented during test

TEST WITNESSED BY _____ 1970
M. Tschelich, Refractor, Inc.

35. LIST OF ATTACHMENTS
Pressure survey report and gas well head pressure test report.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Frank Bann TITLE District Operations Manager DATE November 30, 1970

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

INSTRUCTIONS

5. This form is designed for submittal to local, State and Federal agencies well equipped to complete and forward well completed reports to the Federal Bureau of Investigation. It is prepared to reproduce 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, should be obtained from the local, State, or regional prosecuting and judicial authorities. Other agencies, such as the local, State, or Federal Bureau of Investigation and/or State office. See instructions on Items 22 and 24, and 25, below regarding separate reports for separate complete forms.

If not used previously, at the time this summary report is submitted, copies of all currently available laws (Chapter books, statutes, codes, regulations, and rules) should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be clearly identified on this form, see Item 25.

6. If the form is not applicable to State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal offices for specific instructions.

7. Indicate which deviation is used as reference (where not otherwise shown) for all measurements given in other spaces on this form and in any attachments.

8. If this well is completed for separate production from more than one interval zone (multiple completion), so state in Item 25, 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 23. Submit a separate report (page) on this form, subpart (b) attached, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

9. Attach supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

10. Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

2. SUMMARY OF WELL DATA

5.6 SUMMARY OF FORCES ZONES:

SHOW ALL INTERVAL ZONES OF POROSITY AND COMPRESSIBILITY; COLOR INTERVAL 1 AND ALL DEPTH-TO-TOE ZONES EXCLUDING 333. SHOW INTERVAL TESTS, CEMENT LOGS, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES AND TEMPERATURES

| FORMER ZONES | TOP | | DISPOSITION, COMPLETION, ETC. | NAME | TOE | |
|--------------|--------|------------|-------------------------------|--------|--------|------------|
| | DEPTH | PERCENTAGE | | | DEPTH | PERCENTAGE |
| 2,822' | 2,822' | | Gravel zone | 2,822' | 2,822' | |
| | | | | 2,822' | 2,822' | |
| | | | | 2,822' | 2,822' | |