

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

HOBBS OCD

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

JAN 9 2013

5. Lease Serial No.  
NM 026524

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE** - Other instructions on page 2.

RECEIVED

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
JAY MANAGEMENT CO., LLC

3a. Address  
2425 WEST LOOP SOUTH, SUITE 810 - HOUSTON, TX 77027

3b. Phone No. (include area code)  
713.621.6785

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
SEC. 17, T-11S, R-33E - 1980' FSL & 810' FWL

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.  
CHANEY FEDERAL NO. 1

9. API Well No.  
30-025-22554

10. Field and Pool or Exploratory Area  
N. BAGLEY (PERMO PENN)

11. Country or Parish, State  
LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomplate in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

*Work done without approval.*

Followed procedure as described in Sundry submitted 12/11/12.  
Finished perforating intervals noted on Sundry submitted 12/11/12.  
Currently swabbing well.  
Will provide production record as soon as available. (72 hour test)

*Rejected - provide dates work was done and what was done by date.*

*A consultant shall have a letter from operator stating they can submit documents*

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)  
BETTIE WATSON

Signature *Bettie Watson*

Title CONSULTANT *With Program*

Date 01/11/2013 *1/27/13 JW*

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title \_\_\_\_\_ Date \_\_\_\_\_

Office \_\_\_\_\_

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

FEB 27 2013

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 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  
**J.M. Huber Corporation**

3. ADDRESS OF OPERATOR  
**1900 Wilco Building, Midland, Texas 79701**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface **1980' FSL and 810' FWL**  
At top prod. interval reported below **Same**  
At total depth **Same**

14. PERMIT NO. **Blanket** DATE ISSUED **5/6/1968**

5. LEASE DESIGNATION AND SERIAL NO.  
**NM-050480**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Chaney Federal No.**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**N. Bagley Lower Penn**

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  
**Sec. 17-11S-33E, NMPM**

12. COUNTY OR PARISH  
**Lea** 13. STATE  
**New Mexico**

15. DATE SPUNDED **5/14/68** 16. DATE T.D. REACHED **6/14/68** 17. DATE COMPL. (Ready to prod.) **6/23/68** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* **4304/5 GR** 19. ELEV. CASINGHEAD **4304.5'**

20. TOTAL DEPTH, MD & TVD **10,300** 21. PLUG, BACK T.D., MD & TVD **10,252** 22. IF MULTIPLE COMPL., HOW MANY\* \_\_\_\_\_ 23. INTERVALS DRILLED BY \_\_\_\_\_ ROTARY TOOLS **0-10,300** CABLE TOOLS **None**

24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
**9979-1/2' to 10,242' Lower Penn** 25. WAS DIRECTIONAL SURVEY MADE  
**No**

26. TYPE ELECTRIC AND OTHER LOGS RUN  
**Gamma Ray-Sonic, Guard, Porxo, Gamma Ray Correlation** 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	48 & 54.5	354	17-1/2	400 sx Incor, 2% CaCl	None
8-5/8	24 & 32	3,749	11	200 sx Incor, 8% gel plus 150 sx Incor, 2% CaCl	None
5-1/2	15.5 & 17	10,300	7-7/8	400 sx Incor, 8# salt	None

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					2-3/8	10,218	9936

31. PERFORATION RECORD (Interval, size and number)  
**2 shots @ 10,242; 10,238; 10,235; 10,152; 10,116-1/2; 10,113; 10,087-1/2; 10,053-1/2; 10,051-1/2; 10,030-1/2; 9979-1/2**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.  
DEPTH INTERVAL (MD) **9979-1/2 to 10,242** AMOUNT AND KIND OF MATERIAL USED **3000 gals. 15% Spearhead followed w/6500 gals. 20% Reactrol**

33.\* PRODUCTION  
DATE FIRST PRODUCTION **6-23-1968** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **Producing**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6-26-68	24	30/64	→	336	651	180	1938
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
200	Packer	→	336	651	180	45° API	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)  
**Vented at present time.** 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 [Signature] TITLE **District Production Supt.** DATE **June 27, 1968**

\*(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.)

### 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.
Wolfcamp	8,608	8,619	No DST's, possible oil and water
"	8,674	8,684	
"	8,890	8,896	
"	9,000	9,004	
Upper Penn	9,371	9,385	
" "	9,506	9,527	
" "	9,770	9,775	
" "	9,880	9,894	
Lower Penn	9,978	9,984	
" "	10,029	10,032	
" "	10,048	10,063	Completed oil and water. No DST or cores
" "	10,080	10,090	
" "	10,098	10,106	
" "	10,111	10,121	
" "	10,148	10,172	
" "	10,227	10,254	

### 38.

### GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Anhydrite	1,725	
Yates	2,443	
San Andres	3,705	
Glorieta	5,083	
Tubb	6,510	
Abo	7,294	
Wolfcamp	8,547	
Penn	9,270	
Strawn	10,027	