

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: GAS WELL [] DRY [X] Other []
b. TYPE OF COMPLETION: NEW WELL [] WORK OVER [] PLUG & ABANDON [X]
2. NAME OF OPERATOR: Cibola Energy Corporation
3. ADDRESS OF OPERATOR: P. O. Box 1668, Albuquerque, New Mexico 87103
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1650 FSL & 1200 FEL
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO. NM 18611-FED?
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Aciete Negra
8. FARM OR LEASE NAME Aciete Negra
9. WELL NO. 2
10. FIELD AND POOL, OR WILDCAT Wildcat
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 12-9S-27E
12. COUNTY OR PARISH Chaves
13. STATE New Mexico

14. PERMIT NO. DATE ISSUED
15. DATE SPUDDED 12/30/82
16. DATE T.D. REACHED 1-29-83
17. DATE COMPL. (Ready to prod.) P & A'd 10/28/83
18. ELEVATIONS (DF, RSB, RT, GR, ETC.)* 3891.0
19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD 7150
21. PLUG, BACK T.D., MD & TVD 2550
22. IF MULTIPLE COMPL., HOW MANY*
23. INTERVALS DRILLED BY ROTARY TOOLS 40-7150 CABLE TOOLS 0-40'
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
25. WAS DIRECTIONAL SURVEY MADE yes

26. TYPE ELECTRIC AND OTHER LOGS RUN DLL MLL GR, BHC Acoustilog GRN, CD
27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)
Table with columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED

29. LINER RECORD
Table with columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD)
30. TUBING RECORD
Table with columns: SIZE, DEPTH SET (MD), PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
Table with columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION RECORD
DATE FIRST PRODUCTION
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)
WELL STATUS (Producing or shut-in)
DATE OF TEST, HOURS TESTED, CHOKER SIZE, PROD'N. FOR TEST PERIOD
OIL—BBL., GAS—MCF., WATER—BBL., GAS-OIL RATIO
FLOW. TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL—BBL., GAS—MCF., WATER—BBL., OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
35. LIST OF ATTACHMENTS DLL MLL GR, BHC Acoustilog GRN, CD

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.
SIGNED Karen Olson TITLE Drilling Secretary
ROSWELL, NEW MEXICO
NOV 21 1983
CIBOLA ENERGY CORP.

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Cibola Energy Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1668, Albuquerque, NM 87103

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other) <u>Plug and Abandon</u>	

5. LEASE
NM-18611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Aciete Negra

8. FARM OR LEASE NAME
Aciete Negra

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12-9S-27E

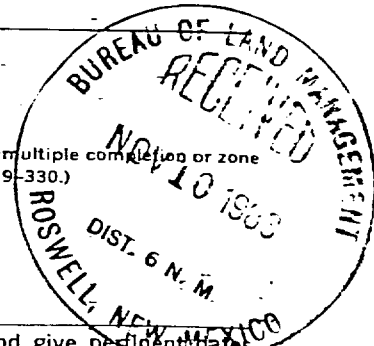
12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3891.0

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We circulated the hole with f/w gell and plugged as follows:

- 1st plug 2250' 35 sacks cmt
- 2nd plug 1700' 50 sacks cmt
- 3rd plug 1450' 35 sacks cmt
- 4th plug 10 sacks at surface with dry hole marker.

The location will be cleaned off and leveled for inspection.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Kenneth A. ... TITLE Drilling Secretary DATE 11/4/83

APPROVED BY Felton M. Chester TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAY 18 1984

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Cibola Energy Corporation

3. ADDRESS OF OPERATOR
P.O. Box 1668, Albuquerque, NM 87103

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650 FSL & 1200 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM 18611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Aciete Negra

8. FARM OR LEASE NAME
Aciete Negra

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12-9S-27E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3891.0

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Plug back

SUBSEQUENT REPORT OF:

RECEIVED

FEB 17 1983

OIL & GAS
MINERALS DIST. SERVICE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Reached TD at 7150' on January 29, 1983.

Plugged back to 2550'.

These are the following plugs: 2-2-83

- 1st plug 7060-6990', 35 sacks Class C Cement with 2% CaCl₂,
- 2nd plug 5950-5850', 35 sacks Class C Cement with 2% CaCl₂,
- 3rd plug 5706-5606', 35 sacks Class C Cement with 2% CaCl₂,
- 4th plug 5060-4960', 35 sacks Class C Cement with 2% CaCl₂,
- 5th plug 2650-2550', 35 sacks Class C Cement with 2% CaCl₂.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED David R. Glas TITLE Dr. lrg. Sec. DATE 2-15-83

APPROVED BY _____ TITLE _____ DATE _____
(This space for Federal or State office use)

APPROVED BY David R. Glas TITLE _____ DATE _____

CONDITIONS OF APPROVAL IS ANY _____

APPROVED

David R. Glas

MAR 28 1983

Jim JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

MAR 31 1983
CIBOLA ENERGY CORP.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPL.

(See other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 18611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Aciete Negra

8. FARM OR LEASE NAME
Aciete Negra

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 12-9S-27E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

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
Cibola Energy Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1668, Albuquerque, New Mexico 87103

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 330 FSL & 940 FEL
At top prod. interval reported below
At total depth Same

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPCCDED 3-7-85 | 16. DATE T.D. REACHED 3-25-85 | 17. DATE COMPL. (Ready to prod.) 6-22-85 | 18. ELEVATIONS (DF, BEB, RT, GR, ETC.)* 3880.2 GL | 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 6996 | 21. PLUG, BACK T.D., MD & TVD 6512 | 22. IF MULTIPLE COMPL., HOW MANY* _____ | 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-6996 | CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Devonian 6485-6499 | 25. WAS DIRECTIONAL SURVEY MADE yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Comp Neutron, Long Spaced Sonic, Cement Bond Log | 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
8 5/8"	24#	1643	12 1/2"	600 sx lite wt 3 w/2%	CaCl
				200 sx Class C w/2%	CaCl
5 1/2"	15.5	6995	7 7/8"	250 sx self stress	
				450 sx Dowell lite st	5

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD
					SIZE 2 7/8" DEPTH SET (MD) 6311 PACKER SET (MD) _____

31. PERFORATION RECORD (Interval, size and number)

6485 (2 shots)
6491 (2 shots)
6497-99 (8 shots)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6485-6499	500 gal 15% MSR acid
	1000 gal 20% HCL acid

*SEE EXPLANATION

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
4-27-85	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6-24-85	24		→	80	TSTM	64	

FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
		→	80	TSTM	64	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Vented | TEST WITNESSED BY Billy Walker

35. LIST OF ATTACHMENTS
* Explanation

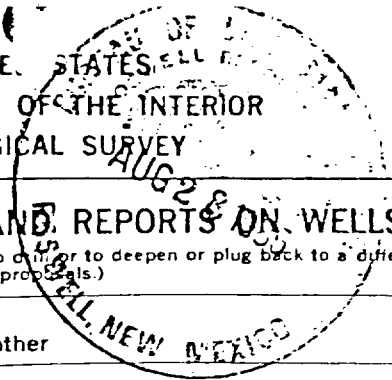
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED Karen Azar TITLE Drilling Secretary DATE 6/26/85

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

RECEIVED

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SEP 13 1985



SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Cibola Energy Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1668, Albuquerque, NM 87103

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330 FSL & 940 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE
NM 18611

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Aciete Negra

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Aciete Negra

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12-9S-27E

12. COUNTY OR PARISH | 13. STATE
Chaves | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3880.2

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

8/7/85 Perforate 6506 & 6510 (2 shots each).

8/9/85 Acidize with 10,000 gallons 20% acid.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Karen Anzures TITLE Drlg Secretary DATE 8/22/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
SEP 10 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA