

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

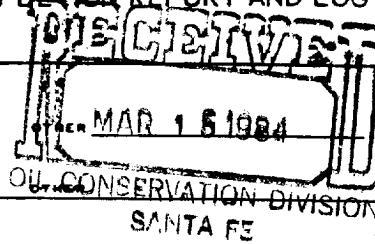
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LAND OFFICE	
OPERATOR	

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No. N/A

1a. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐
b. TYPE OF COMPLETION
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐



7. Unit Agreement Name N/A
8. Farm or Lease Name Norman
9. Well No. 1 (one)

2. Name of Operator FORMAN T. POWELL
3. Address of Operator 1312 RAMONDECHUSTR, N.W., ALBUQUERQUE, NM
4. Location of Well

14. Field and Pool, or Wildcat WILDCAT

UNIT LETTER K LOCATED 1803 FEET FROM THE S LINE AND 1970 FEET FROM THE W LINE OF SEC. 5 TWP. 7N RGE. 8E NMPM

12. County TERRANCE

15. Date Spudded 7-16-82 16. Date T.D. Reached 7-16-82 17. Date Compl. (Ready to Prod.)
18. Elevations (DF, RKB, RT, GR, etc.)
19. Elev. Casinghead
20. Total Depth 230' 21. Plug Back T.D.
22. If Multiple Compl., How Many
23. Intervals Drilled By T.D. Rotary Tools Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name None
25. Was Directional Survey Made No

26. Type Electric and Other Logs Run GAMMA-NEUTRON
27. Was Well Cored NE

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>4 1/2</u>	<u>12.5</u>	<u>830</u>	<u>5 1/8</u>	<u>PEARSON-TEP</u>	<u>NONE</u>

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number) 205-218- 24 SHOTS
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED

33. PRODUCTION
Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. or Shut-in)
Date of Test: Hours Tested Choke 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.) Test Witnessed By

35. List of Attachments

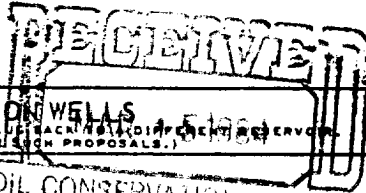
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.
SIGNED FORMAN T. POWELL TITLE PARTNER DATE 3-14-84

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG EACH AND DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER- ☐		5a. Indicate Type of Lease State ☐ Fee ☒
2. Name of Operator Formwalt-Powell		5. State Oil & Gas Lease No. N/A
3. Address of Operator 1312-CAMINO Ecuestre, N.W., Albuquerque, N.M.		7. Unit Agreement Name N/A
4. Location of Well UNIT LETTER <u>K</u> <u>1803</u> FEET FROM THE <u>S</u> LINE AND <u>1970</u> FEET FROM THE <u>W</u> LINE, SECTION <u>5</u> TOWNSHIP <u>7N</u> RANGE <u>8E</u> NMPM.		8. Farm or Lease Name Norman
15. Elevation (Show whether DF, RT, GR, etc.)		9. Well No. 1 (line)
		10. Field and Pool, or Wildcat Wildcat
		12. County Torrance

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Set 230'-4 1/2"-10.5# + Cemented to Top
Perforated - Acidized - Swabbed -
Fresh water encountered.
Converted to Water Well.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Formwalt-Powell TITLE Partner DATE 3-14-84
APPROVED BY _____ TITLE OIL AND GAS INSPECTOR DATE 3-27-84
CONDITIONS OF APPROVAL, IF ANY: