

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE*
NM OIL CONS. COMMISSION
(See other instructions on reverse side)
Artesia, NM 88210Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐		5. LEASE DESIGNATION AND SERIAL NO. 32335	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Transwestern Gas Supply Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 2521, Houston, Texas 77252		8. FARM OR LEASE NAME Antelope Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FSL & 660' FWL At top prod. interval reported below Same At total depth Same		9. WELL NO. 3	
10. FIELD AND POOL, OR WILDCAT Abo Wildcat		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SW/4 Sec. 29-T4S-R22E	
14. PERMIT NO. O. C. D.		DATE ISSUED	
15. DATE SPUDDED 10/3/82		16. DATE T.D. REACHED 10/8/82	
17. DATE COMPLETION (If different from 16) 10/22/82		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 4458' GL	
19. ELEV. CASINGHEAD Same		20. TOTAL DEPTH, MD & TVD 3610'	
21. PLUG, BACK T.D., MD & TVD 3504'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY Rotary		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3047'-52', 3095'-99', 3104'-09' (Abo)	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN CDL/CNS-GR/DIL-SP	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 3047, 48, 49, 50, 51, 52, 95, 96, 97, 98, 99; 3104, 05, 06, 07, 08, 09 (Abo). 3 1/8" hole. 17 holes.		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 3047-3107 (OA) AMOUNT AND KIND OF MATERIAL USED 2350 gal 7 1/2% MOD 4 acid. Frac down 4 1/2" csg w/1750 bbls cross linked gel & 176,673# 10-20# sand. Flush w/71 bbls cross linked gel.	
33. PRODUCTION DATE FIRST PRODUCTION SI-WOPL PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) SI-WOPL		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented	
35. LIST OF ATTACHMENTS Form C-122, C-122F, Graph of AOF, Analysis Certificate		36. I hereby certify that the foregoing and attached information is complete and correct and derived from all available records	
SIGNED Ronnie Glenewinkel		TITLE Production Engineer Asst. U.S. GEOLOGICAL SURVEY	
DATE 11/15/82		DATE 11/15/82	

* (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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
	0	1500	Surface sands & clays	Tubb	2487	
	1500	1750	Anhydrite	Drinkard	2738	
	1750	2100	Dolomite, occ anhydrite	Abo	3000	
	2100	2400	Siltstone & Dolomite			
	2400	3000	Siltstone, dolomite, anhydrite			
	3000	3600	Siltstone & shale			