

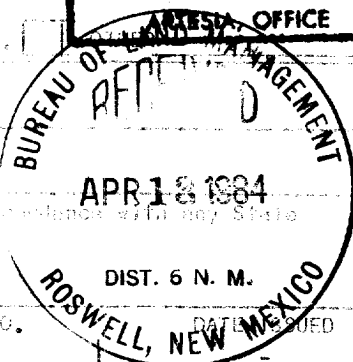
Drawer DD
Artesia NM 88210

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MAY 8 1984

O. C. D.

ARTESIA OFFICE



WELL COMPLETION OR REVISION REPORT AND LOG

a. TYPE OF WELL: OIL GAS
WELL ☒ OVER ☐ DRILL ☐ CAME ☐ NEW ☐

b. TYPE OF COMPLETION:
NEW WORK
WELL ☒ OVER ☐ DRILL ☐ CAME ☐ NEW ☐

NAME OF OPERATOR
Read & Stevens

ADDRESS OF OPERATOR
P.O. Box 1518, Roswell, NM 88201

LOCATION OF WELL (Report location clearly and in accordance with any State records)
At surface 1980 F&E A-80 F&E Sec. 6-9S-28E
At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED

15. FIELD AND POOL, OR WELL NO.
Wildcat

16. SEC., T., R., W., OR BLOCK AND CORNER OR AREA
Sec. 6-9S-28E

17. COUNTY OR PARISH
Chaves

18. STATE
NM

5. DATE SPUNDED 11-23-83 16. DATE T.O. REACHED 11-27-83 17. DATE COMPL. (Ready to prod.) Plugged 11-29-83 18. ELEVATIONS (OF, RKE, RT, GR, ETC.) 3905' MSL 19. ELEV. OF TOP OF WELL 2450'

0. TOTAL DEPTH, MD&TV 2450' 21. PLUG, BACK T.O., MD&TV 22. IF MULTIPLE COMPL., HOW MANY? 23. INTERVALS ROTARY TOOLS CABLE TOOLS
DRILLED BY 01-2450'

4. PRODUCING INTERVAL(S), OF THIS COMPLETION (TOP, BOTTOM, NAME AND TVD)*
NONE 25. WAS DIRECTIONAL SURVEY MADE No

6. TYPE ELECTRIC AND OTHER LOGS RUN
GR, FDC, CNL, MLL, DLL, Caliber 27. WAS WELL CORRED No

8. 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#	457'	12 1/4"	350sx	Circ. 50sx
none		2450'	7 7/8"	Plugs 1568'-1668' 60sx	
				415'-515' 50sx	
				0'-50' 20sx	

9. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SAVES CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	8414'	8414'

1. PERFORATION RECORD (Interval, size and number)
Plugged & Abandoned

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED

3. PRODUCTION

DATE FIRST PRODUCTION - PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) - WELL STATUS (Producing or shut-in)
Plugged & Abandoned

DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N FOR TEST PERIOD	OIL -BBL.	GAS -MCF.	WATER -BBL.	GAS-OIL RATIO

LOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL -BBL.	GAS -MCF.	WATER -BBL.	OIL GRAVITY-API (COOR.)

4. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

5. LIST OF ATTACHMENTS
Logs & Deviation Survey

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

ACCERTED FOR RECORD
PETER W. CHESTER
MAY 2 1984

TEST WITNESSED BY
Daryl Lowder

SIGNED Bruce Stables TITLE Drilling & Production Manager DATE 4-11-84

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 national 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 regulations. 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, or bottom(s), bottom(s) and name(s) (if any) for only the interval completed in item 23. Submit a separate report for each interval or this form, accurately identified, for each additional interval to be separately produced, show in the additional attachments on this form.

Item 20: Backs Cement: Report quantitative records for this well should show the details of any methods used in cementing and the location of the cemented zone.

Item 33: Submit a separate completion report on this form for each interval to be separately produced, see instructions for use of this form, page 2.

ITEM 22: INTERVAL ZONE OF PRODUCTION AND CONTENTS THEREOF; COMPLETION INTERVALS; AND ALL DRILL-STEM TESTS, PERFORMED IN 23.	ITEM 24: LOCATION USED, TYPE WELL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES	ITEM 23: BOTTOM	ITEM 18: ELEVATION	ITEM 35: ATTACHMENTS
San And... 2098'	2098'	2098'	2098'	
TT Work... 2098'	2230'	2230'	2230'	
Zone 1 2230'	2230'	2230'	2230'	
P-2 Zone 2316'	2417'	2417'	2417'	
P-3 Zone 2417'	2446'	2446'	2446'	