

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

c/ST

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

RECEIVED
FEB 2 10 30 AM '84

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
Stevens Operating Corporation ✓

3. ADDRESS OF OPERATOR
P. O. Box 2203, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 1980' FNL, 1980' FWL, Sec. 9, T-7-S, R-26-E BY

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO. O. C. D. DATE ISSUED
ARTESIA OFFICE
FEB 20 1984

15. DATE SPUDDED 12-17-83 16. DATE T.D. REACHED 12-29-83 17. DATE COMPL. (Ready to prod.) 1-18-84 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3627.7 GR, 3638.7 KB 3627.7 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 4322' 21. PLUG BACK T.D., MD & TVD 4295 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0 - TD 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3923 - 4185 25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/LD DLL/MSFL 27. WAS WELL CORED

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#	777'	12 1/4"	500 SXS	
4 1/2"	11.6#	4322'	8 7/8"	550 SXS	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	3877'	KB

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Perf @ 4121, 22, 23, 24, 28, 29, 30, 31, 32, 33, 34, 35, 4181, 82, 83, 83½, 85, 85 (19 holes)		DEPTH INTERVAL (MD)	
Perf @ 3923, 24, 25, 26, 27, 28, 29, 33, 34, 35, 36, 37, 38, 41, 43, 44, 45, 46		AMOUNT AND KIND OF MATERIAL USED	
w/19 holes		4121 - 4185	
PRODUCTION		5000 gals. 7½% abo acid + 100 scf N2 /Bbl.	
		60,000 gal. Eze frac 40#, 3% HCL,	
		33% CO2, 48,000# 20/40 sand &	

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

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-28-84	24 hrs.						
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
668				6004			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold TEST WITNESSED BY Mike Vowell

35. LIST OF ATTACHMENTS CNL/LD DLL/MSFL ACCEPTED FOR RECORD PETER W. CHESTER

36. I hereby certify that the foregoing, and attached information is complete and correct as determined from all available records SIGNED [Signature] TITLE Production Controller DATE 2/1/84

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 33.

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	TRUE VERT. DEPTH
San Andres	0	576	Red beds	San Andres	576	
Glorieta	576	1666	Anhydrite, Limestone, Dolomite	Glorieta	1666	
Tubb	1666	3084	Sand, Anhydrite, Red Shale, Dolomite	Tubb	3084	
Abo	3084	3764	Sand, Anhydrite, Dolomite	Abo	3764	
	3764	4322	Green & Red Shale, Red Sand			