

RECEIVED BY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NM OIL CONS. (MISSION)

Drawn in duplicate

Artesia, NM 88201

See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1. TYPE OF WELL: Oil Well <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM-36409																			
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																			
2. NAME OF OPERATOR McClellan Oil Corporation		7. UNIT AGREEMENT NAME																			
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88201		8. FARM OR LEASE NAME McClellan Fed. MOC Fed.																			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 760' FNL & 1980' FWL At top prod. interval reported below At total depth		9. WELL NO. 7																			
14. PERMIT NO.		DATE ISSUED																			
15. DATE SPUNDED 6/8/84		16. DATE T.D. REACHED 6/20/84																			
17. DATE COMPL. (Ready to prod.) 11/25/84		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3961' G.L.																			
19. ELEV. CASINGHEAD 3961'		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo																			
20. TOTAL DEPTH, MD & TVD 4170'		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 29-T5S-R25E																			
21. PLUG, BACK T.D., MD & TVD 4094'		12. COUNTY OR PARISH Chaves																			
22. IF MULTIPLE COMPL., HOW MANY* →		13. STATE NM																			
23. INTERVALS DRILLED BY →		ROTARY TOOLS O-TD																			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3671' - 3790' Abo		25. WAS DIRECTIONAL SURVEY MADE Yes																			
26. TYPE ELECTRIC AND OTHER LOGS RUN Schlumberger CNL-LDT-DLL		27. WAS WELL CORED No																			
28. CASING RECORD (Report all strings set in well)																					
<table border="1"><thead><tr><th>CASING SIZE</th><th>WEIGHT, LB./FT.</th><th>DEPTH SET (MD)</th><th>HOLE SIZE</th><th>CEMENTING RECORD</th><th>AMOUNT PULLED</th></tr></thead><tbody><tr><td>8-5/8"</td><td>24</td><td>998'</td><td>12-1/4"</td><td>550 sx</td><td>Circulated</td></tr><tr><td>4-1/2"</td><td>10.5</td><td>4094'</td><td>7-7/8"</td><td>400 sx</td><td>-</td></tr></tbody></table>				CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	8-5/8"	24	998'	12-1/4"	550 sx	Circulated	4-1/2"	10.5	4094'	7-7/8"	400 sx	-
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30. TUBING RECORD																					
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31. PERFORATION RECORD (Interval, size and number)																					
3671' - 3678' .50" 7 Holes																					
3785' - 3790' .50" 6 Holes																					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																					
DEPTH INTERVAL (MD)																					
3671'-3790'																					
AMOUNT AND KIND OF MATERIAL USED																					
2000 gals. 10% Spearhead Acid;																					
40,000 gals. gelled water																					
450 sx 20-40, 120 sx 10-20																					
33.* PRODUCTION																					
DATE FIRST PRODUCTION 11/25/84																					
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing																					
WELL STATUS (Producing or shut-in) Shut-in																					
DATE OF TEST 11/25/84																					
HOURS TESTED 4																					
CHOKE SIZE 3/4																					
PROD'N. FOR TEST PERIOD →																					
OIL—BBL. 600																					
GAS—MCF. 2,000																					
WATER—BBL.																					
GAS-OIL RATIO																					
FLOW. TUBING PRESS. 209																					
CASING PRESSURE 420																					
CALCULATED 24-HOUR RATE →																					
OIL—BBL.																					
GAS—MCF.																					
WATER—BBL.																					
OIL GRAVITY-API (CORR.)																					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Shut-in for pipeline connection																					
35. LIST OF ATTACHMENTS 4 Point; Deviation survey; Logs sent previously																					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																					
SIGNED <u>Paul Ragdale</u> TITLE <u>Operations Manager</u> DATE <u>11/26/84</u>																					

\*(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	TRUE VERT. DEPTH
Abo	3622'	4170'	Red sand, shale - dry gas	San Andres Glorieta Tubb Abo	570' 1542' 2990' 3622'	