

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other In-  
structions on  
reverse side)

RECEIVED

Form Approved No. 42-355.5.

5. LEASE DESIGNATION AND SERIAL NO.  
NM MAP 756 1986  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
O. C. D.  
7. UNITED STATES OFFICE  
ARTESIA, OFFICE

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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  
McKay Oil Corporation3. ADDRESS OF OPERATOR  
P. O. Box 2014, Roswell, NM 882014. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 660' FNL & 660' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

8. FARM OR LEASE NAME  
West McKay-Harvey Fed.9. WELL NO.  
110. FIELD AND POOL, OR WILDCAT  
Wildeat W. Pecos11. SEC. T. R., M., OR BLOCK AND SURVEY  
OR AREA

Section 17-8S-23E

12. COUNTY OR PARISH  
Chaves13. STATE  
N.M.

15. DATE SPUDDED 2/22/86 16. DATE T.D. REACHED 3/2/85 17. DATE COMPL. (Ready to prod.) 3/7/86 18. ELEVATIONS (DF, REB, RT, GR, ETC.)\* 4136' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD 3566' 21. PLUG, BACK T.D., MD &amp; TVD 3507' 22. IF MULTIPLE COMPL., HOW MANY\* 1 23. INTERVALS DRILLED BY all 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 2936, 45, 46, 47, 52, 58½, 66, 67, 3009, 3010 &amp; 3028½, 3354-58'

25. WAS DIRECTIONAL SURVEY MADE

Abo yes

26. TYPE ELECTRIC AND OTHER LOGS RUN  
CNL/FDC, DLL/MSFL, Cyberlook, CBL, CCL&PR27. WAS WELL CORED  
no

| 28. 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#             | 812'           | 12½"      | 150 sx + 100 sx    | none          |
| 4 1/2"                                             | 10.5#           | 3545'          | 7 7/8"    | 300 sx, top of 4½" | 15 sx circ.   |
|                                                    |                 |                |           | cmt. w/300 sx      |               |

| 29. LINER RECORD |          |             |               |             | 30. TUBING RECORD |                |                 |
|------------------|----------|-------------|---------------|-------------|-------------------|----------------|-----------------|
| SIZE             | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE              | DEPTH SET (MD) | PACKER SET (MD) |
|                  |          |             |               |             | 2 3/8"            | 2905'          |                 |

| 31. PERFORATION RECORD (Interval, size and number) |  |  |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                                  |
|----------------------------------------------------|--|--|--|------------------------------------------------|----------------------------------|
| 3354-58' w/9 0.38" jets                            |  |  |  | DEPTH INTERVAL (MD)                            | AMOUNT AND KIND OF MATERIAL USED |
| 2936, 45, 46, 47, 52, 58½, 66, 67, 3009',          |  |  |  | as stated                                      | 2000 gals. 7½% Abo acid          |
| 3010 & 3028½' w/11 0.38" jets                      |  |  |  |                                                | 60,000 gals. 30# XL              |
|                                                    |  |  |  |                                                | 74,000# 20/40 sd.                |
|                                                    |  |  |  |                                                | 20,000# 12/20 sd.                |

| 33.* PRODUCTION       |                 |                                                                      |                         |          |            |                                    |
|-----------------------|-----------------|----------------------------------------------------------------------|-------------------------|----------|------------|------------------------------------|
| DATE FIRST PRODUCTION |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                         |          |            | WELL STATUS (Producing or shut-in) |
| -----                 |                 | flowing                                                              |                         |          |            | SI                                 |
| DATE OF TEST          | HOURS TESTED    | CHOKE SIZE                                                           | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF.   | WATER—BBL.                         |
| 3/10/86               | 4               | 64/64                                                                | →                       |          |            |                                    |
| FLOW. TUBING PRESS.   | CASING PRESSURE | CALCULATED 24-HOUR RATE                                              | OIL—BBL.                | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.)            |
| 390-50                | 380-140         | →                                                                    |                         | 261      |            |                                    |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)  
SI-WOPL35. LIST OF ATTACHMENTS  
C-122, 2 copies of logs listed above

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

SIGNED Sharon Hamblen TITLE Agent DATE 3-11-86

\*(See Instructions and Spaces for Additional Data on Reverse Side)

**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 83, 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.), formations 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 83.

**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 identifying 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.)

[illegible]