

RECEIVED BY UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
MAR 12 1985  
SUBMIT IN DUPLICATE  
NM OIL CONS. COMMISSION  
(See other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: <b>ARTESIAN</b> <input type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>DRY</b> <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM-54833	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <b>Abandoned</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR <b>ARCO Oil and Gas Company</b> Division of Atlantic Richfield Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME <b>MacDonald Federal</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <b>660' FNL &amp; 660' FEL</b> At top prod. interval reported below as above At total depth as above		9. WELL NO. <b>1</b>	
14. PERMIT NO.		DATE ISSUED	
10. FIELD AND POOL, OR WILDCAT <b>Wildcat-Fusselman</b>		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <b>22-13S-24E</b>	
12. COUNTY OR PARISH <b>Chaves</b>		13. STATE <b>N.M.</b>	
15. DATE SPUDDED <b>12/26/84</b>	16. DATE T.D. REACHED <b>1/21/85</b>	17. DATE COMPL. (Ready to prod.) <b>Dry Hole</b>	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* <b>3674.0' GR</b>
20. TOTAL DEPTH, MD & TVD <b>5450'</b>	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY <b>0-5450'</b>
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <b>None</b>			25. WAS DIRECTIONAL SURVEY MADE <b>No</b>
26. TYPE ELECTRIC AND OTHER LOGS RUN <b>GR-BHC/Sonic, CNL/LDT, DLL/MSFL</b>			27. WAS WELL CORED <b>No</b>
28. CASING RECORD (Report all strings set in well)			
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
<b>14"</b>	<b>Cond Pipe</b>	<b>30'</b>	<b>17 1/2"</b>
<b>8-5/8" OD</b>	<b>24"</b>	<b>1163'</b>	<b>12 1/4"</b>
CEMENTING RECORD		AMOUNT PULLED	
<b>3 yds Redi-mix</b>		<b>None</b>	
<b>1100 sx</b>		<b>None</b>	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33.*			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
		<b>Dry Hole</b>	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY	
35. LIST OF ATTACHMENTS <b>Logs as listed in Item 26 above &amp; Inclination Report</b>			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <b>Elizabeth Bush</b>		TITLE <b>Drlg. Engr.</b>	
DATE <b>1/24/85</b>			

\*(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 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.)

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

U.S. GOVERNMENT PRINTING OFFICE : 1963-O-683636