

45F

WELL COMPLETION OR RECOMPLETION REPORT

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐			
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	
2. NAME OF OPERATOR McKay Oil Corporation							
3. ADDRESS OF OPERATOR P. O. Box 2014, Roswell, NM 88201							
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations) At surface 960' FWL & 1650' FNL At top prod. interval reported below At total depth							
14. PERMIT NO. _____ DATE ISSUED _____ ARTESIA OFFICE							
5. LEASE DESIGNATION AND SERIAL NO. NM-32325-B		6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
7. UNIT AGREEMENT NAME							
8. FARM OR LEASE NAME China Draw Federal							
9. WELL NO. 2							
10. FIELD AND POOL, OR WILDCAT West Pecos Slope Abo							
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 31-6S-23E							
12. COUNTY OR PARISH Chaves		13. STATE N.M.					
15. DATE SPUNDED 11/25/85		16. DATE T.D. REACHED 12/2/85		17. DATE COMPL. (Ready to prod.) 1/13/86		18. ELEVATIONS (DF, REB, RT, GR, ETC.) * 4100' GL	
20. TOTAL DEPTH, MD & TVD 3384'		21. PLUG, BACK T.D., MD & TVD 3277'		22. IF MULTIPLE COMPL., HOW MANY *		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS all	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) * 2819' - 21' and 2945' - 53'						25. WAS DIRECTIONAL SURVEY MADE yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC, DLL/MSFL, CYBERLOOK, CBL, CCL&PR						27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)							
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
8 5/8"	24#	887'	12 1/4"	150 sx + 150 sx		none	
4 1/2"	9.5#	3309'	7 7/8"	300 sx., top of 4 1/2"		25 sx. circ.	
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"	2800'	
31. PERFORATION RECORD (Interval, size and number) 2819' - 21' and 2945' - 53' 12 0.38" jets				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED		
				2819'-21' &	1500 gals. 7 1/2% HCL		
				2945'-53'	40,000 gals. 30# XL gel		
					56,500 20/40 sd		
					20,000 12/20 sd&FL		
33.* PRODUCTION							
DATE FIRST PRODUCTION -----		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing				WELL STATUS (Producing or shut-in) SI	
DATE OF TEST 1/17/86	HOURS TESTED 4	CHOKE SIZE 64/64	PROD'N. FOR TEST PERIOD →	OIL—BBL. →	GAS—MCF. 1818	WATER—BBL. →	GAS-OIL RATIO
FLOW. TUBING PRESS. 685-865	CASING PRESSURE 801-870	CALCULATED 24-HOUR RATE →	OIL—BBL. →	GAS—MCF. 5475	WATER—BBL. →		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) SI-WOPL							
35. 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 by me or a duly authorized representative.							
SIGNED <u>Shari Hamilton</u>				TITLE <u>Agent</u>		DATE <u>4/24/86</u>	

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 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.), 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	NAME	MEAS. DEPTH TRUE VERT. DEPTH
		Abo	2763' (#1347')