

NM Oil Cons. Commission

Drawer DD

Artesia, NM 88210 UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

Confidential

WELL COMPLETION OR RECOMPLETION REPORT

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 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 requirements)*

At surface

2310' FEL & 2310' FSL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

RECEIVED BY

JUN - 3 1987

9. C. D.

15. DATE SPUDDED 12/4/85 16. DATE T.D. REACHED 12/8/85 17. DATE COMPL. (Ready to prod.) 2-26-86 18. OBSERVATIONS (DF, RES, BT, OR, ETC.)* 3997' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 3326' 21. PLUG BACK T.D., MD & TVD 3079' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS all CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Abo 25. WAS DIRECTIONAL SURVEY MADE yes
2753' - 54', 2769', 2776½', 2777½', 2831' - 35' & 2862' - 65'

26. TYPE ELECTRIC AND OTHER LOGS RUN

FDC/CNL, DDL/MSFL, Cyberlook, CBL & CCL&PR

27. 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#	880'	12½"	140 sx. + 150 sx.	none
4 1/2"	9.5#	3136'	7 7/8"	300 sx., top of 4½" cmt. w/300 sx.	20 sx. circ.

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8'	2735'	

31. PERFORATION RECORD (Interval, size and number)

2753'-54', 2769', 2776½',
2777½', 2831'-33' & 2862'-65'

12 0.38" jets, total of 12'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
as stated	1000 gals. 7½% HCL
	60,000 gals. 30# XL gel
	82,500# 20/40 sd.
	33,000# 12/20 sd & FL

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.	GAS-OIL RATIO
2-20-86	4	64/64	→		324		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
330-825	350-840	→		679			

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

Shari Hamilton

TITLE

Agent

DATE 4-24-86

*(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 53, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all necessary special instructions should be obtained from the local Federal and/or State office.

tion 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.

[illegible]

Item 23: *Succas 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						GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP		
					MEAS. DEPTH	TRUE VERT. DEPTH	
				Abo	2696'	(+1311')	