

NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

Confidential c15F

Form approved.
Budget Bureau No. RECEIVED

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. ☐

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 741' FWL & 1755' FNL

At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 3-31-86 16. DATE T.D. REACHED 4-27-86 17. DATE COMPL. (Ready to prod.) 5-22-86 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4074' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 3350' 21. PLUG, BACK T.D., MD & TVD 3078' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY all 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Abo 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)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	872'	12 1/4"	150 sx. + 150 sx. + 270#	
4 1/2"	9.5#	3122'	7 7/8"	300 sx., top of 4 1/2" cemented w/250 sx.	10 sx. circ.

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	2782'	

31. PERFORATION RECORD (Interval, size and number)
2815, 17, 19, 21, 23, 25, 27, 29, 31
2939, 41, 43
1 0.375" jet shot per foot

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
as stated	2,000 gals. 7 1/2% abo acid
	59,000 gals. 30% XL gel
	32,000# 20/40 sand
	17,500# 12/20 sand

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
5-23-86	flowing	shut-in

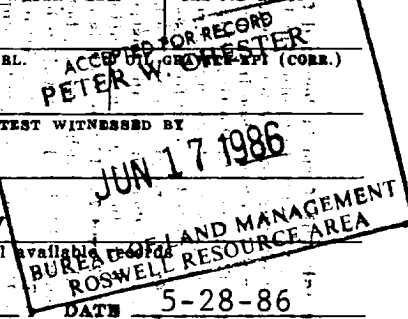
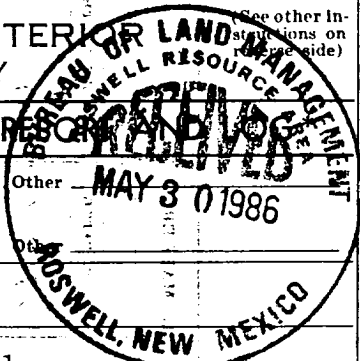
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
5-23-86	4	64/64			351		

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
525-715	530-720			1405	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
shut-in

35. LIST OF ATTACHMENTS
C-122, 2 copies of logs listed above, Deviation Survey

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.
SIGNED Shari Hamilton TITLE Agent



[illegible]

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b. TYPE OF COMPLETION:

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At total depth

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DATE ISSUED

15. DATE SPUDDED

3-31-86

16. DATE T.D. REACHED

4-27-86

17. DATE COMPL. (Ready to prod.)

5-22-86

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

4074' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

3350'

21. PLUG BACK T.D., MD & TVD

3078'

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)*

Abo

2815', 17', 19', 21', 23', 25', 27', 29', 31', 2939', 41', 43'

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)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
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				cemented w/250 sx.	

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	17,500# 12/20 sand

33. PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

flowing

WELL STATUS (Producing or shut-in)

shut-in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS—GRAVITY-API (CORR.)
5-23-86	4	64/64			351		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.		
525-715	530-720			1405			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

shut-in

35. LIST OF ATTACHMENTS

C-122, 2 copies of logs listed above, Deviation Survey

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

SIGNED

Shari Hamilton

TITLE

Agent

DATE

5-28-86

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, 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 office. See instructions on items 22 and 24, and 83, below regarding separate reports for separate completions.

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. Consult local State

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. (where not otherwise shown)

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 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: Attached supplemental records for this well should show the details of any multiple cementing and the location of the cementing tool. Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

See: Gamma & Equine Compression Appliances on mass system for instructions for use. (See instructions for items 22 and 23 above.)

[illegible]

(*) (See instructions and spaces for additional answers.)