

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(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: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM 0390243	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Wolfson Oil Company				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 3206 Republic Bank Tower Dallas, Texas				8. FARM OR LEASE NAME Amerada "C" Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below At total depth 330' FML & 1650' FEL				9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED 2-16-71				10. FIELD AND POOL, OR WILDCAT Donble L. Queen	
15. DATE SPUDDED 2-22-71 16. DATE T.D. REACHED 3-12-71 17. DATE COMPL. (Ready to prod.) 3-23-71 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3890 GR				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 12-158-29E	
20. TOTAL DEPTH, MD & TVD 2017 21. PLUG, BACK T.D., MD & TVD 2011 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS 0-2017				12. COUNTY OR PARISH Chaves 13. STATE New Mexico	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1980-86 Queen				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma-Neutron				27. WAS WELL CORED No	
RECEIVED APR - 7 1971					
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED
8 5/8		20	367	10	None
5 1/2		15.5	2017	8	"
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
None					
30. TUBING RECORD				31. PERFORATION RECORD (Interval, size and number)	
SIZE	DEPTH SET (MD)	PACKER SET (MD)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
2	2004		33.* PRODUCTION		
			DATE FIRST PRODUCTION 4-1-71 PRODUCTION METHOD (Flow, gas lift, pumping—size and type of pump) Flow WELL STATUS (Producing or shut-in) P		
			DATE OF TEST 4-1-71 HOURS TESTED 24 CHOKER SIZE 1 1/2 PROD'N. FOR TEST PERIOD 47 OIL—BBL. 47 GAS—MCF. 310 WATER—BBL. 0 GAS-OIL RATIO 6600		
			FLOW, TUBING PRESS. 80 CASING PRESSURE 320 CALCULATED 24-HOUR RATE 47 OIL—BBL. 47 GAS—MCF. 310 WATER—BBL. 0 OIL GRAVITY-API (CORR.) 34		
			34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented TEST WITNESSED BY H.G. Freedman		
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED H.G. Freedman		TITLE Prod. Engr.		DATE 4-5-71	

*(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 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 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	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
sand, calcareous	0	350		Rustler	310	
salt, anhydrited	350	1126		Yates	1244	
anhydrite	1126	1244		7 Rivers	1782	
sand	1244	1158		Queen	1975	
dol., anhy. shale	1158	1957				
sand	1957	2017 TD				