

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other ☐				5. LEASE DESIGNATION AND SERIAL NO. 0559185			
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 Read & Stevens, Inc.				7. UNIT AGREEMENT NAME -----			
3. ADDRESS OF OPERATOR P.O. Box 2126, Roswell, New Mexico 88201				8. FARM OR LEASE NAME USA			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FNL & 2310' FEL At top prod. interval reported below At total depth 990' FNL & 2310' FEL				9. WELL NO. 1			
14. PERMIT NO. -----				10. FIELD AND POOL, OR WILDCAT Lucky Lake <i>Queen</i>			
DATE ISSUED FEB 15 1972				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 15-15S-29E			
15. DATE 2/27/72				12. COUNTY OR PARISH Chaves			
16. DATE T.D. REACHED 12/29/71				13. STATE N. Mex.			
17. DATE COMPL. (Ready to prod.) 2/8/72				18. ELEVATIONS (DF, RKB, RT, OR, ETC.)* Unknown			
19. ELEV. CASINGHEAD -----				20. TOTAL DEPTH, MD & TVD 1945			
21. PLUG, BACK T.D., MD & TVD 1930				22. IF MULTIPLE COMPL., HOW MANY* Dry			
23. INTERVALS DRILLED BY -----				ROTARY TOOLS CABLE TOOLS			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry				25. WAS DIRECTIONAL SURVEY MADE No			
26. TYPE ELECTRIC AND OTHER LOGS RUN Radioactivity Log - Welex				27. WAS WELL CORED No			
28. CASING RECORD (Report all strings set in well)							
CASING SIZE 5 1/2"		WEIGHT, LB./FT. 14#		DEPTH SET (MD) 1945 RKB		HOLE SIZE 7-7/8"	
CEMENTING RECORD 100 sx.		AMOUNT PULLED 1312'					
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACER SET (MD)
31. PERFORATION RECORD (Interval, size and number) 2 SPF 1875'-90'				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD) 1875'-90'				AMOUNT AND KIND OF MATERIAL USED 15,000 gals. Lease oil w/15,000# 20/40 sand and 5,000# 10/20 sand			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) P&A	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
				0	0	84 BW/24 hr.	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS Radio Activity Log - Welex							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <i>William H. Stearns</i>		TITLE Agent		DATE 2/10/72			

*(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, 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 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. For each additional interval to be separately produced, showing the additional data pertinent to each interval.

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.)

FORMATION		TOP		BOTTOM		DESCRIPTION, CONTENTS, ETC.		NAME		MEAS. DEPTH		TRUE VERT. DEPTH	
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		LOGGING METHOD (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		LOGGING METHOD (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		LOGGING METHOD (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		LOGGING METHOD (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		LOGGING METHOD (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		LOGGING METHOD (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.	
38. RADIOACTIVITY LOG - Welox (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		39. RADIOACTIVITY LOG - Welox (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		40. RADIOACTIVITY LOG - Welox (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		41. RADIOACTIVITY LOG - Welox (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		42. RADIOACTIVITY LOG - Welox (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		43. RADIOACTIVITY LOG - Welox (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.		44. RADIOACTIVITY LOG - Welox (Indicate method used for test, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries) TEST PERIOD CHOKER SIZE PRESS. FOR TEST PERIOD OUT-DEPT.	