

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See 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-010268	
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 Durham, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 219 S. Colorado, Midland, TX 79701		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FEL & 1980' FEL At top prod. interval reported below Same At total depth Same		9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____ U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO		10. FIELD AND POOL, OR WILDCAT Lake Arthur (Perm)	
15. DATE SPEUDED 7-17-72		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 25, T-15-S, R-26-E	
16. DATE T.D. REACHED 8-12-79		12. COUNTY OR PARISH Chaves	
17. DATE COMPL. (Ready to produce) 8-18-79 P&A		13. STATE NM	
18. ELEVATIONS (VD, RDB, RT, GR, ETC.)* 3401' KB, 3400' DM		19. ELEV. CASINGHEAD 3389' GR	
20. TOTAL DEPTH, MD & TVD 8242'		21. PLUG, BACK T.D., MD & TVD -	
22. IF MULTIPLE COMPL., HOW MANY* -		23. INTERVALS DRILLED BY 10 - TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NA - Dry Hole		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Comp. Density-Neutron/ GR, FOPXO-Guard		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
12-3/4"	35	402'	17 1/2"
8-5/8"	23	1486'	11"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
-	-	-	-
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
-	-	-	-
31. PERFORATION RECORD (Interval, size and number) None		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. None	
33.* DATE FIRST PRODUCTION NA		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) O.C.C. ARTESIA, OFFICE	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
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			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>[Signature]</i>		TITLE Engineer	
DATE 8-23-79			

*(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 23, 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 12: 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: "Seals 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.)

27. 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	TOP TRUE VERT. DEPTH
Atoka	7765	7824	DST #1: Rec 900' DM in 35", ITP 304-317, 30" ISIP 528, PTP 369-369, 30" PSIP 475.	San Andres	1526'	
Strawn	7510	7674	DST #2: Rec 297' DM in 30", ITP 21-29, 30" ISIP 36, PTP 25-25, 30" PSIP 25.	Glorieta	2730'	
Glorieta	2970	3024	DST #3: Rec 125' DM in 45 min. ITP 127-139, 60" ISIP 695, PTP 139-139, 30" PSIP 415.	Tubb	4251'	
Abo	5640	5715	DST #4: Phrs failed.	Abo Shale	4600'	
San Andres	2425	2525	DST #5: Rec 765' DI & MOSW in 30", ITP 261-448, 60" ISIP 1208, PTP 1221, Phrs failed on final flow.	Abo Pay	5653'	
San Andres	2040	2230	DST #6: Phrs failed.	Cisco	6933'	
				Atoka	7776'	
				Lower Geronimo	7920'	
				Miss	8132	