

UN. ED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

NM OIL CONS. COMMISSION
Artesia, NM 88210Form approved.
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM-16336	
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 McClellan Oil Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202		8. FARM OR LEASE NAME McClellan - Harris Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FNL & 2310' FWL At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED FEB 01 1983	
15. DATE SPUNDED 1-12-83		16. DATE T.D. REACHED 1-15-83	
17. DATE COMPL. (Ready to prod.) 1-27-83		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3823.3' G.L.	
19. ELEV. CASINGHEAD 3823.3'		20. TOTAL DEPTH, MD & TVD 1805'	
21. PLUG, BACK T.D., MD & TVD 1802'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1726'-1735', Queen		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron Log		27. WAS WELL CORED No	
23. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8-5/8"	20	331'	12-1/4"
4-1/2"	9.5	1802'	7-7/8"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8"	1700'	None	
31. PERFORATION RECORD (Interval, size and number)			
1726'-1735' 12 shots			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED		
1726-1735	Acid Spot - 250 gals.		
	18,500 gals. KCL water		
	12,000 lbs. 20-40		
	8,500 lbs. 10-20		
33. PRODUCTION			
DATE FIRST PRODUCTION 1-27-83	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing gas & pumping load		WELL STATUS (Producing or shut-in) Pumping
DATE OF TEST 1-29-83	HOURS TESTED 24 hrs	CHOKE SIZE 1/2"	PROD'N. FOR TEST PERIOD →
FLOW. TUBING PRESS. 10	CASING PRESSURE 110	CALCULATED 24-HOUR RATE →	OIL—BBL. Trace
			GAS—MCF. 108
			WATER—BBL. 10
			OIL GRAVITY-API (CORR.) NA
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Shutin			
35. LIST OF ATTACHMENTS Deviation Survey; logs previously sent			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from available records			
SIGNED <u>Paul R. Keadale</u>		TITLE Operations Manager	

* (See Instructions and Spaces for Additional Data on Reverse Side)
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

RECEIVED

ORIG. SGD) DAVID R. GLASS

JAN 31 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

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 19: 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:				38. GEOLOGIC MARKERS		
FORMATION		DESCRIPTION, CONTENTS, ETC.		NAME	MEAS. DEPTH	TRUE VERT. DEPTH
TOP	BOTTOM					
Queen	1724'	1737'	Gas bearing sand	Salt	210'	210'
				Yates	996'	996'
				7 - Rivers	1508'	1508'
				Queen	1724'	1724'