

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other P & A

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

2. NAME OF OPERATOR
J. Cleo Thompson

3. ADDRESS OF OPERATOR
4500 Republic Bank Tower, Dallas, Texas 75201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements).
At surface 1980' FNL & 660' FEL

At top prod. interval reported below

At total depth

14. PERMIT NO. ARTESIA, OFFICE ISSUED

NA 7-17-42

15. DATE SPUNDED 8-25-42 16. DATE T.D. REACHED 10-15-42 17. DATE COMPL. (Ready to prod.) 10-16-42 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3744 DF

20. TOTAL DEPTH, MD & TVD 2957 21. PLUG, BACK T.D., MD & TVD 2957 22. IF MULTIPLE COMPL., HOW MANY*

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
2894 - 2894
2927 - 2942

26. TYPE ELECTRIC AND OTHER LOGS RUN
NA

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 | | 547 | | | -0- |
| 5 1/2 | | 2816 | | | -0- |

| 29. LINER RECORD | | | | | 30. TUBING RECORD | | |
|------------------|----------|-------------|---------------|-------------|-------------------|----------------|-----------------|
| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE | DEPTH SET (MD) | PACKER SET (MD) |
| | | | | | | | |

| 31. PERFORATION RECORD (Interval, size and number) | | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. | |
|--|----------------------------------|--|--|
| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED | | |
| | | | |
| | | | |
| | | | |

33.* PRODUCTION

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

| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
|---------------------|-----------------|-------------------------|-------------------------|----------|------------|-------------------------|---------------|
| | | | | | | | |
| 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 his Kennedy TITLE Agent DATE 3-30-87

*(See Instructions and Spaces for Additional Data on Reverse Side)