FORM APPROVED OMB NO. 1004-0137

4/21/99

SIGNED

Expires: February 28, 1995 Form 3160-4 Expires: Februsian AND SERIAL NO. UNITED STATES (July 1992) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT WELL COMPLETION OR RECOMPLETION REPORT AND 7. UNIT AGREEMENT NAME Oll TYPE OF WELL WELL WELL 8. FARM OR LEASE NAME, WELL NO. TYPE OF COMPLETION X Other DEEPEN PLUG DIFF-NEW Government BACK GENVE WELL NAME OF OPERATOR J × ¥ohn ₩. Trigg 10. FIELD AND POOL, OR WILDCAT ADDRESS AND TELEPHONE NO Undesignated
11. SEC. T.R., M., OR BLOCK AND SURVEY 88202 P.O.B. <u>520,Rosw∈11</u> LOCATION OF WELL OR AREA At surface 1650fs1 &990fw1 35-T16s-R28e At top prod. interval reported below 13 STATE 12 COUNTY (14 PERMIT NO At total depth PARISH 9/29/82 Eddy NM 18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 19. ELEV. CASINGHEAD 16. DATE T.D. REACHED 17. DATE COMP (Ready to prod.) DATE SPUDDED 1/11/83 3621 23. INTERVALS ROTARY CABLE TOOLS 22. IF MULTIPLE COMPL., TOTAL DEPTH, MD & TVD 121 PLUG BACK T.D. MD & TVD DRILLED BY ALL 1577 2700 PRODUCING INTERVAL (S), OF THIS COMPLETION - TOP, BOTTOM NAME (MD AND TVD)* 25 WAS DIRECTIONAL SURVE MADE? Comp. Densilog / Gamma Ray 27. WAS WELL CORED? 26. TYPE ELECTRIC AND OTHER LOGS RUN (Report all strings set in well) CASING RECORD AMOUNT PULLED TOP OF CEMENT, CEMENTING RECORD DEPTH SET HOLE SIZE CASING SIZE/GRADE WEIGHT, LB./FT 400 cir 20 sxs 10 1577 Toc 1200' 4 LINER RECORD TUBING RECORD DEPTH SET (MD SIZE BOTTOM (MD) SACKS CEMENT* SCREEN (MD) TOP (MD) SIZE 5-1/2" ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC 32 PERFORATION RECORD (Interval, size and number, AMOUNT AND KIND OF MATERIAL USED DEPTH INTERVAL (MD) PRODUCTION WELL STATUS (Producing or (Flowing, gas lift, pumping-size and type of pump) PRODUCTION METHOD DATE FIRST PRODUCTION shut-in) WATER-BBL. GAS-OIL RATIO GAS-MCF. OIL-BBL. PROD'N. FOR HOURS TESTED CHOKE SIZE DATE OF TEST TEST PERIOD -APL (CORE) GAS-MCF WATER-BBL. CASING PRESSURE 24-HOUR RATE OIL-BBL. FLOW, TUBING PRESS CALCULATED RIG. SGD.) DAVID RI 34. DISPOSITION OF (Sold, used for fuel, vented, etc.) 35. LIST OF ATTACHMENTS Thereby certify that the foregoing and atteched information is complete and correct as determined from all state ble records DATE

TITLE

Agent