

DEC 21 1984

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other \_\_\_\_\_

## b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other \_\_\_\_\_

## 2. NAME OF OPERATOR

METEX PIPE &amp; SUPPLY

## 3. ADDRESS OF OPERATOR

POB 1037 ARTESIA, NM 88210

## 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface

2970' FSL &amp; 1980' FWL

At top prod. interval reported below

S4-T16S-R31E NMPM

Eddy County  
New Mexico

At total depth

## 14. PERMIT NO.

## DATE ISSUED

10-19-84

## 12. COUNTY OR PARISH

Eddy

## 13. STATE

NM

## 15. DATE SPUDDED

11-14-84

## 16. DATE T.D. REACHED

11-19-84

## 17. DATE COMPL. (Ready to prod.)

12-14-84

## 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\*

4151' GL

## 19. ELEV. CASINGHEAD

4152'

## 20. TOTAL DEPTH, MD &amp; TVD

3670' KB

## 21. PLUG BACK T.D., MD &amp; TVD

3634' KB

## 22. IF MULTIPLE COMPL., HOW MANY\*

## 23. INTERVALS DRILLED BY

ROTARY TOOLS  
0-3670'

## CABLE TOOLS

## 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

3527-50' (9-Sand Jet Holes) Premier(Grayburg)

25. WAS DIRECTIONAL SURVEY MADE  
Yes, Attached

## 26. TYPE ELECTRIC AND OTHER LOGS RUN

G/R CBL Collars(Submitted on 12-14-84)

27. WAS WELL CORED  
NO

## 28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	54.5#	314'	17 1/2"	335-Sks"C" + 2% CaCl	CIRCULATED 90-Sks.
5 1/2"	17#	3670'	7-7/8"	250"C" + 600"LITE"	CIRCULATED 90-SKS.
				SKS. SKS.	

## 29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"		-

## 31. PERFORATION RECORD (Interval, size and number)

Sand-Jet 9-Holes

3-Holes/Cut

3-Cuts @ 3527, 34 &amp; 50'

## 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3527-50'	Frac 35,000 Gal + 48,500# Sand Gel Water

## 33.\* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
12-15-84		Pumping 1- $\frac{1}{2}$ " Insert Pump					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
12-16-84	24	-	→	34	10-MCF	147	3.4:1	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
-	-	→	34	10-MCF	147	36		

## 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

## 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

Martin B. Muncy

TITLE

OPERATOR

C. L. Boling

NEW MEXICO

DATE

12-17-84

\*(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 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary report 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 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 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: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE INTERVALS; AND ALL DAILY-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION (SED. TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAN. DEPTH	TRUE VERT. DEPTH
Queen	2806'	2860'	Sand			
Penrose	3045'	3120'	Sand			
Grayburg	3212'	3375'	Dolomite			
San Andres	3560'		Limestone			