

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SEE OIL COM. COM. SUBMIT IN DUPLICATE

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

45F

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		14. PERMIT NO.		DATE ISSUED	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		15. DATE SPUDDED 07/26/85		16. DATE T.D. REACHED 07/29/85	
2. NAME OF OPERATOR TOMSCO Energy		17. DATE COMPL. (Ready to prod.) Plugged 07/29/85		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3756 GR	
3. ADDRESS OF OPERATOR P.O. Box 664, Artesia, New Mexico 88210		19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 2150'	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1665' FSL and 976' FWL At top prod. interval reported below At total depth		21. PLUG, BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY* -	
		23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	
		25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN	
		27. WAS WELL CORED			

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	43#	273'	12 1/4"	130 sxs - circulated	

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.	
Cement Plugs		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		2118' - 2014'	35 sxs Cement
		1534' - 1260'	80 sxs Cement
		640' - 530'	40 sxs Cement
		305' - 223'	40 sxs Cement

33.*		PRODUCTION 50'-Surf		25 sxs Cement	
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.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.

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 <u>Thomas K. Sivggen</u>	TITLE <u>Operator</u>	DATE <u>07/31/85</u>

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