

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYNORTH OCS COMMISSION
ED (S) (In-)
Artesia, NM 88210Form approved,
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>		RECEIVED	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input checked="" type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>		DEC 11 1981	
2. NAME OF OPERATOR J E M Resources, Inc.			
3. ADDRESS OF OPERATOR Fox 648 Artesia, N. Mex. 88210			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements): At surface 990 Fr N. & 330 Fr E Sec. 5-17-29 At top prod. interval reported below Same At total depth Same			
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 5-5-80		16. DATE T.D. REACHED 7-24-80	
17. DATE COMPL. (Ready to prod.) 9-1-81		18. ELEVATIONS (DF, RKB, RT, GR, ETC.): 3603 DF	
19. ELEV. CASINGHEAD 3601		20. TOTAL DEPTH, MD & TVD 2505 (Old TD 2426)	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 77'		ROTARY TOOLS 2'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2450-2460 San Andres (Lovington)		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Neutron		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
Old Casing	Info On File.	New is Open Hole 79'	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SCREEN (MD)
		PETER W. CHURCHER	
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)			
Open Hole 2426-2505			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2450-60		500 Gal Mud Acid	
"		30,000 Gal Gel. H ₂ O &	
		30,000 # Sand	
33. PRODUCTION			
DATE FIRST PRODUCTION 9-2-81		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Fl.	
DATE OF TEST 9-2-81		WELL STATUS (Producing or shut-in) S.I.	
HOURS TESTED 24	CHOKE SIZE 16/64	PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO	15000FFD 0
FLOW. TUBING PRESS. 150	CASING PRESSURE 0(Pack)	CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)	Same
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold			
35. LIST OF ATTACHMENTS Gamma Ray- Neutron Logs, Explanation of Number & Lease Designation			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED _____		TITLE Pres. _____	
DATE _____		DATE _____	

*(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 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 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: "Sticks 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.)

27. SUMMARY OF POROSITY ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DUAL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH	TRUE VERT. DEPTH
401 Information On Original Drilling On File					Anhydrite Sand w/Dolo. & Show of Free Oil	Lovington	2450
San Andres Lovington	2394 2450	T.D. 2460					
							Same