

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. LAS CRUCES OIL	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☒ PLUG BACK ☐ DIFF. RESV. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR FREN OIL COMPANY		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 9-2		8. FARM OR LEASE NAME Max Friess - Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990 ft. from South Line and 1450 ft. from East Line At top prod. interval reported below Sec. 19-17S-31E., Eddy County, N.M. O.T.D. 2021 ft. At total depth 3643 ft.		9. WELL NO. 6	
14. PERMIT NO.		DATE ISSUED 12-23-1963	
15. DATE SPUED 1/2/1964		16. DATE T.D. REACHED 2/1/1964	
17. DATE COMPL. (Ready to prod.) 2/20/1964		18. ELEVATIONS (DF, RB, RT, GR, ETC.)* 3591' D.F.	
19. ELEV. CASINGHEAD 3509'		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
20. TOTAL DEPTH, MD & TVD 3643 ft.		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NE SW SE - Sec. 19-17S-31E.	
21. PLUG, BACK T.D., MD & TVD		12. COUNTY OR PARISH Eddy County	
22. IF MULTIPLE COMPL., HOW MANY*		13. STATE New Mexico	
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2911' to 3546' - Grayburg-Jackson	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Radioactivity log by Well	
27. WAS WELL CORRED		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) sold to Sully Oil Company	
35. LIST OF ATTACHMENTS 4 copies of Well Radioactivity Logs		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	

SIGNED Max Enginger TITLE Member of Partnership DATE 3/20/1964

*(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: "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; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Quaternary Coryburg-Leno Hills " " " " " " " " " " " " " " " " San Andres - zone #9	2366 2911 3057 3085 3102	2996 2999 3057 3076 3086	Red silty sand - high-solids clay & gas Dolomite - tan - sandy clay shale - light Dolomite sand - clay oil shale Dolomite sand - f " " " Dolomite - oil shale with a heavy w/ff Poros and oil shale.	San Andres Coryburg Coryburg San Andres	1980 2366 2702 3102	1980 2398 3102 3590