

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 BY DEC 28 1984 O. C. D. ARTESIA, OFFICE			
b. TYPE OF COMPLETION: NEW WELL <input checked="" 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"/>			
2. NAME OF OPERATOR Ray Westall					
3. ADDRESS OF OPERATOR Box 4 Loco Hills, New Mexico 88255					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 23116 FNL & 1980 FEL At top prod. interval reported below At total depth					
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED 9/21/84		16. DATE T.D. REACHED 10/01/84			
17. DATE COMPL. (Ready to prod.) 10/11/84		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3421 GR			
19. ELEV. CASINGHEAD 3423		20. TOTAL DEPTH, MD & TVD 4000'			
21. PLUG, BACK T.D., MD & TVD 3990'		22. IF MULTIPLE COMPL., HOW MANY*			
23. INTERVALS DRILLED BY all		ROTARY TOOLS CABLE TOOLS			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3844-74 Grayburg 3078-3213 Queen					
25. WAS DIRECTIONAL SURVEY MADE no					
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/ DLL					
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
8 5/8"	23#	485'	12 1/4"	280 SXS	none
5 1/2"	17#	4000'	7 7/8"	1400 SXS	none
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2 5/8"	3240'	Free			
31. PERFORATION RECORD (Interval, size and number)					
3844-74 31 .40 cal 3078-3213 26 .40 cal					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
3844-74			1,000 gal. 15% SKA acid		
3078-3213			2,000 gal 15% SKA acid		
			60,000 gal KCL wtr.		
			100,000 # 10/20 Sd		
33. PRODUCTION					
DATE FIRST PRODUCTION 10/25/84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump			WELL STATUS (Producing or shut-in) prod.
DATE OF TEST 12/15/84	HOURS TESTED 24	CHOKE SIZE 7/8	PROD'N. FOR TEST PERIOD 10	OIL—BBL. 10	GAS—MCF. 25
WATER—BBL. 30	GAS—OIL RATIO 25:1				
FLOW. TUBING PRESS. 0	CASING PRESSURE 10#	CALCULATED 24-HOUR RATE 10	OIL—BBL. 10	GAS—MCF. 25	WATER—BBL. 30
OIL GRAVITY-API (CORR.)					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) vented					
TEST WITNESSED BY Ray Westall					
35. LIST OF ATTACHMENTS Deviation survey logs					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED Ray Westall		TITLE Operator		DATE 12-21-84	

*(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 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: "Stacks 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:			38. GEOLOGIC MARKERS		
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			NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM		TOP	
Seven-Rivers Queen	2262 3076	2300 3214	Oil, Sand Oil, Sand	1790 2262 2954 3632 3894	
			B/Salt Seven-Rivers Queen Grayburg San Andre		