

RECEIVED BY
ARTESIA, NM 88210
JAN 9 1985
WELL COMPLETION OR RECOMPLETION REPORT AND LOG *
1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐
NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐
2. NAME OF OPERATOR
Anadarko Production Company ✓
3. ADDRESS OF OPERATOR
P. O. Drawer 130, Artesia, New Mexico 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 2290' FNL & 2000' FEL
At top prod. interval reported below Same
At total depth Same
14. PERMIT NO. DATE ISSUED
15. DATE SPURRED 11-20-84 16. DATE T.D. REACHED 11-29-84 17. DATE COMPL. (Ready to prod.) 12-10-84 18. ELEVATIONS (DF. RKB, RT. GR, ETC.)* 3590' GL 19. ELEV. CASINGHEAD 3589' GL
20. TOTAL DEPTH, MD & TVD 2750' KB 21. PLUG, BACK T.D., MD & TVD 2739' KB 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY → ROTARY TOOLS X CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Metex: 2462 - 2585
GRAYBURG: Premier: 2624 - 2636
25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN
CR/CN Log
Compensated Neutron/Litho Density & GR/CLL (ALL on 1 Log)
27. WAS WELL CORED Yes
28. CASING RECORD (Report all strings set in well)
Casing Size Weight, LB./FT. Depth Set (MD) Hole Size Cementing Record Amount Pulled
5-5/8' 24.0# 327' KB 12-1/4" 300 sx circulated None
5-1/2" 15.5# 2750' KB 7-7/8" 1300 sx circulated None
29. LINER RECORD
Size Top (MD) Bottom (MD) Sacks Cement* Screen (MD)
30. TUBING RECORD
Size Depth Set (MD) Packer Set (MD)
2-3/8' 2639' KB
31. PERFORATION RECORD (Interval, size and number)
GRAYBURG
Metex: 2462-72, 2485-88, 2532-34 & 2581-85
Total = 17 holes w/.42" diam.
Premier: 2624-26 & 2630-36 - total = 10
holes with .40" diam.
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
Depth Interval (MD) Amount and Kind of Material Used
2462-2636 Acidized w/2000 gals 15% NE-FH
2462-2636 Fraced w/40,000 gals gel, 24,000#
20/40 sand & 80,970# 10/20 sand
33. PRODUCTION
Date First Production 12-16-84 Production Method (Flowing, gas lift, pumping—size and type of pump) Pumping Well Status (Producing or shut-in) Producing
Date of Test 12-26-84 Hours Tested 24 Choke Size None Prod'n. for Test Period → Oil—BBL. 33 Gas—MCF. 9 Water—BBL. 165 Gas-Oil Ratio 272:1
Flow. Tubing Press. 30# Casing Pressure 35# Calculated 24-Hour Rate → Oil—BBL. 9 Gas—MCF. 165 Oil Gravity-API (CORR.) 35.4
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold TEST WITNESSED BY Frank Waters
35. LIST OF ATTACHMENTS
2 Copies of Log and Deviation Survey
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED [Signature] TITLE Area Supervisor DATE December 18, 1984
* (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 PRESSURE, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Grayburg,	2248	2656		Top Salt Bottom Salt Yates 7-Rivers Queen Grayburg San Andres	290 769 920 1270 1917 2248 2656	