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(REV. 1-85)

FEB 12 1985

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUP. 17E\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## ARTESIAN WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other \_\_\_\_\_

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other \_\_\_\_\_

2. NAME OF OPERATOR

Hondo Oil &amp; Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface 1650' FNL &amp; 2110' FWL

At top prod. interval reported below as above

At total depth

as above

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR  
PARISH  
Eddy13. STATE  
N.M.

|                              |                                   |   |   |                      |
|------------------------------|-----------------------------------|---|---|----------------------|
| 15. DATE SPUDDED<br>11/22/84 | 16. DATE T.D. REACHED<br>12/28/84 | 17. DATE COMPL. (Ready to prod.)<br>1/23/85 | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*<br>3636.8' GR | 19. ELEV. CASINGHEAD |
|------------------------------|-----------------------------------|---|---|----------------------|

|                                      |  |                                      |                                  |                           |             |
|--------------------------------------|--|--------------------------------------|----------------------------------|---------------------------|-------------|
| 20. TOTAL DEPTH, MD & TVD<br>10,950' | 21. PLUG, BACK T.D., MD & TVD<br>10,867' | 22. IF MULTIPLE COMPL.,<br>HOW MANY* | 23. INTERVALS<br>DRILLED BY<br>→ | ROTARY TOOLS<br>0-10,950' | CABLE TOOLS |
|--------------------------------------|--|--------------------------------------|----------------------------------|---------------------------|-------------|

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

10,721-10,765' Morrow Gas

25. WAS DIRECTIONAL  
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN GR CCL/CBL, GR-Caliper, LDT, CNL,  
DLL/MICRO, SFL, dual Ind, SFL, Cyberlook

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 |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 20"         | Cond Pipe       | 30'            | 26"       | 3 yds Redi-mix   |               |
| 13-3/8" OD  | 54.5#           | 443'           | 17 1/2"   | 600 sx           |               |
| 8-5/8" OD   | 28#             | 2771'          | 11"       | 1275 sx          |               |
| 5 1/2" OD   | 17#             | 10,950'        | 7-7/8"    | 1275 sx          |               |

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" OD 10,648' 10,648'           |

31. PERFORATION RECORD (Interval, size and number)

10,721, 22, 23, 24, 25, 26, 27, 28, 63,  
64, 10,765' = 22 .50 " holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
| None                |                                  |
|                     |                                  |
|                     |                                  |
|                     |                                  |

33.\* PRODUCTION

|                                  |                        |   |                              |                 |                 |   |                          |
|----------------------------------|------------------------|---|------------------------------|-----------------|-----------------|---|--------------------------|
| DATE FIRST PRODUCTION<br>1/16/85 |                        | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)<br>Flowing |                              |                 |                 | WELL STATUS (Producing or shut-in)<br>SI, WOPLC |                          |
| DATE OF TEST<br>1/23/85          | HOURS TESTED<br>5      | CHOKE SIZE<br>Various   | PROD'N. FOR TEST PERIOD<br>→ | OIL—BBL.<br>3   | GAS—MCF.<br>127 | WATER—BBL.<br>0                                 | GAS-OIL RATIO<br>42333:1 |
| FLOW. TUBING PRESS.<br>2891#     | CASING PRESSURE<br>Pkr | CALCULATED 24-HOUR RATE<br>→  | OIL—BBL.<br>14.4             | GAS—MCF.<br>610 | WATER—BBL.<br>0 | OIL GRAVITY-API (CORR.)<br>57.7                 |                          |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

SI, WOPLC

TEST WITNESSED BY

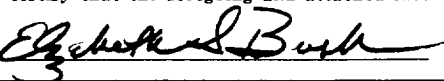
Jack Lane

35. LIST OF ATTACHMENTS

DST #1, logs as listed in Item 26 above &amp; Inclination Report.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED



TITLE

Dr. E. C. Bush

DATE 1/28/85

\*(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 POROSITY 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 |       |        |   |         |  |
| FORMATION  | TOP   | BOTTOM | NAME  |         |  |
|  |       |        | TOP   |         |  |
|  |       |        | MEAS. DEPTH   |         |  |
|  |       |        | TRUE VERT. DEPTH  |         |  |
| Lower Bone Springs   | 7375' | 7425'  | DST #1 - Top Recorder: IH 3252, IIF 144, FIF 590, ISIP 2755, IFF 654, FFF 1210, FSIP 2755, FH 3236.<br>Bottom Recorder: IH 3345, IIF 469, FIF 630, ISIP 2790, IFF 720, FFF 1255, FSIP 2790, FH 3273.<br>Tool opened 30 mins = 3.5# on 1/2" ck @ surf, strong blow. ISIP 1 hr FFL 1 hr, weak blow, no gas to surf. FSI 2 hrs. POH w/tools. Rec 2604' fluid, rev 1.6 bbls of oil & gas cut drlg mud. No water cushion |         |  |
|  |       |        | Dean  | 7514'   |  |
|  |       |        | Wolfcamp  | 7753'   |  |
|  |       |        | Cisco   | 8781'   |  |
|  |       |        | Strawn  | 9717'   |  |
|  |       |        | Atoka   | 10,105' |  |
|  |       |        | Morrow  | 10,571' |  |
|  |       |        | Miss Sh.  | 10,831' |  |