Form 3160-4 (July 1992)

UNITED STATES DEPARTMENT JF THE INTERIOR

BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE* (See ot structions on reverse side)

FORM APPROVED OMB NO. 1004-0137 Expires: February 28, 1995

5. LEASE DESIGNATION AND SERIAL NO.

Type of CoMM-ETON:													<i>1</i> -680	
TYPE OF COMMETION OVER DEFP PLUG DIEF DIBER	WELL COM	PLET				TION	REPOR	T Al	ND LO	G*	6. IF INDIA	N, ALLC	OTTEE	OR TRIBE NAME
TYPE OF COMMETION OVER DEFP PLUG DIEF DIBER	TYPE OF WELL:		OIL OIL	GAS WELL)	DRY 🗌	Other /	1		`,	7. UNIT AC	3REEME	NT NA	ME
AND STEELE OF THE STATE OF THE					, DI	F F	/ (5)	A	14	52.				
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Producing Company 1	NAME OF OPERATOR						1-); Q				
LUCHES AND LELEPHONEMUL TX 79702-7340 (915)685-8100 JULY ARTESIA JOCATION OF WELL (Report location clearly and in accordance with any State requirements) At total clepth 2310' FNL & 660' FEL At total clepth JOLY SPRING SECTION OF MALE TO PRODUCTION OF STATE OF S	Pogo Producing (Compan	у				12			50 80		•		
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Shugart N. Morrow At total depth 2310' FNL & 880' FEL At total depth 2310' FNL & 660' FEL DATE SPUDDED 15. DATE SPUDDED 16. DATE IS PRODUCE 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RRG, RT, GE, ETC.)' 19. ELEVATIONS (DF, RRG, RTG, RTG, RTG, RTG, RTG, RTG, RTG	P. O. Box 10340,	Midland	I, TX 7970	2-7340 (915	5)685-8	3100	// 00	$\mathcal{H} \in \mathcal{H}$	Miron		40 5151.5			
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O9/24/00 Flowing ATE OF TEST HOURS TESTED CHOKE SIZE 10/03/00 24 18/64 TEST PERIOD 147 2961 0 20143:1 LOW. TUBING PRESS. CASING PRESSURE 24-HOUR RATE 147 2961 0 52.2 4. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented - Waiting on gas connection 10/14/00 TEST PERIOD 147 Deviation Survey, C-122 6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	ATE FIRST PRODUCT	ION	PRODUCT	ON METHOD (Flowing,	gas lift, pur	nping-size and	d type o	f pump)		W			Producing or
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10/03/00 24 18/64 TEST PERIOD 147 2961 0 20143:1 LOW. TUBING PRESS. CASING PRESSURE 1550 CALCULATED 24-HOUR RATE 147 2961 0 52.2 4. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented - Waiting on gas connection 10/14/00 Test of ATTACHMENTS Sundry, C-104, Deviation Survey, C-122 6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	DATE OF TEST	HOURS	TESTED	CHOKE SIZE			OILBBL		GASM	CF.	WATER-	-BBL.	G	AS-OIL RATIO
LOW. TUBING PRESS. 1550 CASING PRESSURE 147 CALCULATED 24-HOUR RATE 147 2961 OIL—BBL. QAS—MCF. 2961 TEST WITNESSED BY David Thomas LIST OF ATTACHMENTS Sundry, C-104, Deviation Survey, C-122 6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records				18/64	TES	T PERIOD	14	7	29	61		0		20143:1
1550 4. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented - Waiting on gas connection 10/14/00 5. LIST OF ATTACHMENTS Sundry, C-104, Deviation Survey, C-122 6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					OIL	BBL.	GAS	SMCF	·	WATER	BBL.	0	IL GRA	VITY-API (CORR
4. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented - Waiting on gas connection 10/14/00 5. LIST OF ATTACHMENTS Sundry, C-104, Deviation Survey, C-122 6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		3		24-HOUR RAT				296	31		0			52.2
Vented - Waiting on gas connection 10/14/00 5. LIST OF ATTACHMENTS Sundry, C-104, Deviation Survey, C-122 6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		AC (C-13	upped for furt	vented etc.)								NESSET) BY	
5. LIST OF ATTACHMENTS Sundry, C-104, Deviation Survey, C-122 6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records														
Sundry, C-104, Deviation Survey, C-122 6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records				10/17/00										
6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records				400										
SIGNED / AMARIA AM /M / TITLE Operation Tech DATE 10/10/00	36. I hereby certify the	the foreg	oing and attac	hed information	n is com	plete and co	rrect as detern	nined fr	om all availa	ible reco	rds			
	SIGNED (XIII.	1 Im	he. X	•	TITI ⊏ (Operation ⊤	ech				DATE	10/1	0/00

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):

FORMATION	TOP	воттом	DESCRI	PTION, CONTENTS, E	TC.		
Seven Rivers	2095						
Queen	2802						
Grayburg	3175						
San Andres	3395						
Bone Springs	4360						
Wolfcamp	8830						
Strawn	10680						
Atoka	10839						
Morrow	11508						
Mississippian	11810						
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38. GE	OLOGICAL MARKERS		38. GEO	GEOLOGICAL MARKERS			
NAME	To	OP	NACCE	TOP			
IAVIAIC	MEAS. DEPTH TRUE VERT. DEPTH		NAME	MEAS. DEPTH	TRUE		
		VERT. DEFIN			VERT. DEPTH		

NAME	TO	OP		TOP				
	MEAS. DEPTH	TRUE VERT. DEPTH	NAME	MEAS. DEPTH	TRUE VERT. DEPTH			
				WE AND				
				A de porto				