

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See
instruction 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 ☐										
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐								
2. NAME OF OPERATOR		Shenandoah Oil Corporation ✓				JAN 11 1973									
3. ADDRESS OF OPERATOR		1500 Commerce Building, Fort Worth, Texas				O. C. C. ARTESIA OFFICE									
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements)*		At surface 1980 FNL & 1980 FWL, Sec. 28, F185, R-31E Eddy County, N. M. At top prod. interval reported below At total depth				14. PERMIT NO. DATE ISSUED - -									
5. LEASE DESIGNATION AND SERIAL NO.		LC029390 (a)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME -									
7. UNIT AGREEMENT NAME -		8. FARM OR LEASE NAME Federal Keohane etal "B"				9. WELL NO. 3									
10. FIELD AND POOL, OR WILDCAT Shugart		11. SEC. T. R., M., OR BLOCK AND SURVEY OR AREA Section 28, T-185, R-31E				12. COUNTY OR PARISH Eddy		13. STATE New Mexico							
15. DATE SPUDDED -	16. DATE T.D. REACHED -	17. DATE COMPL. (Ready to prod.) -	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3621 GL		19. ELEV. CASINGHEAD 3621		20. TOTAL DEPTH, MD & TVD 3650		21. PLUG, BACK T.D., MD & TVD 3600 P.B.	22. IF MULTIPLE COMPL., HOW MANY* -	23. INTERVALS DRILLED BY →	ROTARY TOOLS -	CABLE TOOLS -		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Queen - 3280-88 3364-08 Penrose - 3558-70 3292-98										25. WAS DIRECTIONAL SURVEY MADE no					
26. TYPE ELECTRIC AND OTHER LOGS RUN no logs run by Shenandoah Oil Corporation										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		24		259		12 1/4		150 sacks		none					
4 1/2		95		3646		7 7/8		565 (DV tool @ 793)		none					
29. LINER RECORD															
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		30. TUBING RECORD					
2 3/8		3300		-		-		-		SIZE DEPTH SET (MD) PACKER SET (MD)					
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
3280-88 2 JSPF (1/2") 16 holes										DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED					
3292-98 " " 12 "										3280-3308 250 gals. 15% N.E. acid, 30,000 gal. gelled water & 30,000 Lss. 20/40 sand					
3304-08 " " 8 "										3558-3570 250 gals. 15% one acid, 30,000 gal gelled water & 30,000 lbs. 20/40 s.					
3558-70 " " 24 "										33. PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)										WELL STATUS (Producing or shut-in)			
12/20/72		pumping - 2" x 1 1/2" 8' insert pump										producing - test tank			
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
12/25/72		24		-		→		1		TSTM		-		-	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
-		-		→		-		-		-		-			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)															
-															
35. LIST OF ATTACHMENTS															
Form C102															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED		TITLE										DATE			
[Signature]		Manager, Secondary Recovery										1/5/73			

*(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 practice, 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH TRUE VERT. DEPTH
Red Bed Red Bed & Anhyd. Salt & Anhyd. Anhyd. & Gyp. Anhyd. & Lime Lime	0	260 745 1953 2772 2938 3650			

MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

RECEIVED

Form C-102
Supersedes C-128
Effective 1-1-65

JAN 11 1973

All distances must be from the outer boundaries of the Section.

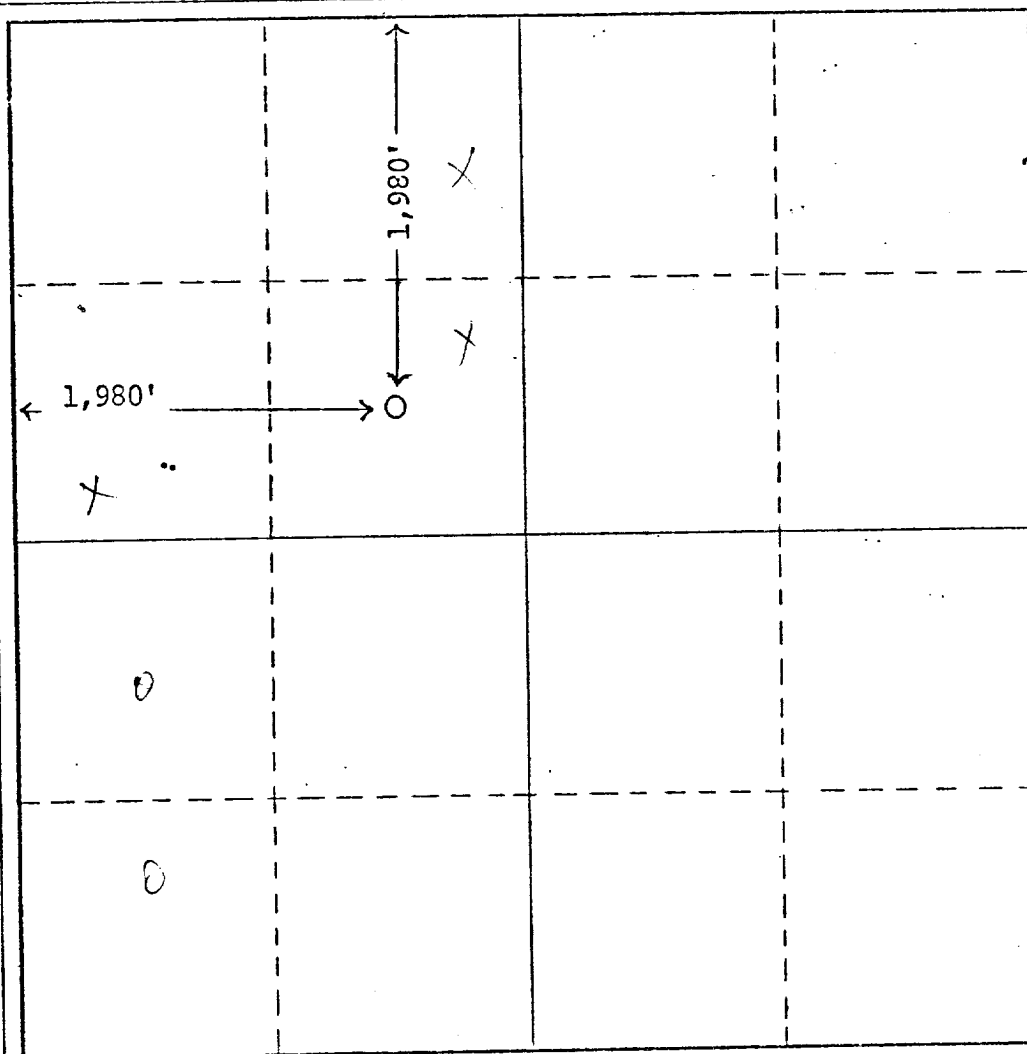
Operator SHENANDOAH OIL CORPORATION			Lease FEDERAL-KEOHANE "B" (et al)		Well No. 3
Unit Letter F	Section 28	Township 18S	Range 31E	County ARTESIA, OFFICE Eddy	
Actual Footage Location of Well: 1,980 feet from the West line and 1,980 feet from the North line					
Ground Level Elev: 3,621	Producing Formation Queen		Pool Shugart		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Neil F. Toler

Name
Neil F. Toler

Position
Manager/Secondary Rec.

Company
Shenandoah Oil Corp.

Date
December 14, 1972

I hereby certify that the well location shown on this plat was located from field notes and/or surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

(See original)

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.

