

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

Form approved.  
Budget Bureau No. 42-R355.5.

## 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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM014103			
b. TYPE OF COMPLETION: NEW WELL <input 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"/> Recomplete		6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
2. NAME OF OPERATOR Chevron U.S.A. Inc.		7. UNIT AGREEMENT NAME			
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, NM 88240		8. FARM OR LEASE NAME Littlefield AB Federal			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface Unit K, 1650 FSL and 1650 FWL At top prod. interval reported below At total depth		9. WELL NO.			
14. PERMIT NO.		DATE ISSUED JUL 18 '89 O.C.D. ARTESIA, OFFICE			
15. DATE <del>STARTED</del> WO Performed 12/31 - 1/14/89		16. DATE T.D. REACHED Unsuccessful-CI			
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, OR, ETC.) 3644			
20. TOTAL DEPTH, MD & TVD 3100		21. PLUG, BACK T.D., MD & TVD 5034			
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Delaware 4918-5002		25. WAS DIRECTIONAL SURVEY MADE			
26. TYPE ELECTRIC AND OTHER LOGS RUN None		27. WAS WELL CORRED			
28. No Change CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8 5/8		24#		626	
5 1/2		14#		5099	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKED SET (MD)	
2 3/8"		50F4			
31. PERFORATION RECORD (Interval, size and number)					
120°, 2 JHPF, 97 holes 4918-20, 4926-30, 4932-36, 4938-46, 4949-63, 4986-92, 4995-5002					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
4918-5002		3175 gallons 15% NEPE HCL			
33. PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			
Well CI		Unsuccessful workover - Well CI			
DATE OF TEST		HOURS TESTED		CHOKE SIZE	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <i>L. Elmore</i>		TITLE Drilling Tech. Asst.			

\* (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, a local and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions, drillers, geologists, simple and core analysis, all types electric, etc., logging, and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, simple and core analysis, all types electric, etc., logging, and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. Consult local State or Federal office for specific instructions.

**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.)

RECEIVED  
JUL 17 1989  
HOBBS OFFICE

## 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.
			NO CHANGE

## 38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH