

NEW MEXICO COMMISSION UNITED STATES
DRAWER DD DEPARTMENT OF THE INTERIOR
Artesia, NM 88210 GEOLOGICAL SURVEYRECEIVED BY
SUBMIT IN DUPLICATEAUG 23 1984
(See other instructions 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 ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 34657	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Ray Westall		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 4 Loco Hills, NM 88255		8. FARM OR LEASE NAME Amoco Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980 FNL & 660 FWL At top prod. interval reported below same At total depth same		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 6-11-84	16. DATE T.D. REACHED 6-14-84	17. DATE COMPL. (Ready to prod.) 7-2-84	18. ELEVATIONS (DF, REB, ET, GR, ETC.)* 3476 GR
19. ELEV. CASINGHEAD 3479	20. TOTAL DEPTH, MD & TVD 2330		
21. PLUG, BACK T.D., MD & TVD 2324	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2195-2248 Yates
25. WAS DIRECTIONAL SURVEY MADE Yes			26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC, DLL, CBL/CCL
27. WAS WELL CORED No			
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	23	350'	12 1/4"
5 1/2"	17	2330'	7 7/8"
CEMENTING RECORD		AMOUNT PULLED	
200 sx		Circulated	
500 sx		Circulated	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SCREEN (MD)
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8"	2250'	Free	
31. PERFORATION RECORD (Interval, size and number)			
2195-2248 w/37 .36			
ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2195-2248		4000 gal. 15% Hcl, 40,000 gal. 70 quality foam, 51,000# 20/40 sand, 28,000# 10/20 sand	
32. PRODUCTION			
DATE FIRST PRODUCTION 7-4-84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump	
WELL STATUS (Producing or shut-in) Producing		DATE OF TEST 7-20-84	
HOURS TESTED 24	CHOKE SIZE 7/8"	PROD'N. FOR TEST PERIOD →	OIL—BBL. ACCEPTED FOR RECORD
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	GAS—MCF. 10
OIL GRAVITY-API (CORR.) 0		WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TSTM Vented			
35. LIST OF ATTACHMENTS Deviation Survey, Logs			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Maxine Hill		TITLE Secretary	
DATE 8-18-84			

* (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 PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Yates	2174	2330	Oil, Sand	Top salt Base salt Top Yates	390' 1960' 2174'	