

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other In-
structions on
reverse side)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. NM 34657	
b. TYPE OF COMPLETION: NEW WELL <input checked="" 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"/>		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 & 1980 FEL At top prod. interval reported below Same At total depth Same		9. WELL NO. 3	
14. PERMIT NO.		12. COUNTY OR PARISH Eddy	
DATE ISSUED		13. STATE NM	
15. DATE SPUDDED 9/13/84	16. DATE T.D. REACHED 9/16/84	17. DATE COMPL. (Ready to prod.) 9/25/84	18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 3493 Gr.
19. ELEV. CASINGHEAD 3494	20. TOTAL DEPTH, MD & TVD 2400		
21. PLUG, BACK T.D., MD & TVD 2360	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY all	24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2215-2327 Yates
25. WAS DIRECTIONAL SURVEY MADE? no			26. TYPE ELECTRIC AND OTHER LOGS RUN GRN
27. WAS WELL CORED No			28. CASING RECORD (Report all strings set in well)
CASING SIZE 8 5/8 5 1/2	WEIGHT, LB./FT. 24 17	DEPTH SET (MD) 515 2400	HOLE SIZE 12 1/4 7 7/8
CEMENTING RECORD 275 circulated 500 circulated		AMOUNT PULLED none none	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE 2 3/8	DEPTH SET (MD) 2330	PACKER SET (MD) free	
31. PERFORATION RECORD (Interval, size and number) 2215-2327 30 .38 cal			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD) 2215-2327		AMOUNT AND KIND OF MATERIAL USED 2000 gal SRA acid 60,000 gal gel KCL 100,000# 20/40 sd	
33.* PRODUCTION			
DATE FIRST PRODUCTION 9/30/84	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) PUMP		WELL STATUS (Producing or shut-in) Prod
DATE OF TEST 10/5/84	HOURS TESTED 24 hr.	CHOKE SIZE 7/8	PROD'N. FOR TEST PERIOD 20
OIL—BBL. 20	GAS—MCF. TSTM	WATER—BBL. 5	GAS-OIL RATIO 1
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) vented			
35. LIST OF ATTACHMENTS Logs Deviation survey			TEST WITNESSED BY Ray Westall
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED [Signature]		TITLE Geologist	DATE 11/5/84

*(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	2162	2400	Sand	Top salt B/ salt Yates	856 2004 2162	