Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: LC 029353(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

8. FARM OR LEASE NAME: McFadden Federal

2. NAME OF OPERATOR: Jack Plemons

9. WELL NO.: 8

3. ADDRESS OF OPERATOR: P.O. Box 385, Artesia, New Mexico 88211-0385

10. FIELD AND POOL, OR WILDCAT: Shugart, Y-SR-Q-GB

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 2310 FNL 990 FEL 3-19S-31E
At top prod. interval reported below
At total depth

RECEIVED BY JUL - 2 1986 O. C. D. ARTESIA, OFFICE

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 3, 19S, 31E

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
		Eddy	New MEXICO

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
12-22-85	1-2-86	4-20-86	3605' GR	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
4027	4021		→	0-4027	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 3791, 93, 8302, 07, 13, 24, 26, 44, 46 Grayburg

APD appd for 12¼" hole.

25. WAS DIRECTIONAL SURVEY MADE: yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: Welex Dual Spaced Neutron log

27. WAS WELL CORED:

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	691	11"	450 sacks	None
5 1/2"	15.5	4021	8"	800 sacks	None
2 3/8"		3650			

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	3650	

31. PERFORATION RECORD (*Interval, size and number*)
3791, 93, 3802, 07, 13, 24, 26, 28, 44, 46

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3791 - 3846	KCL 4,000 gal. 15% Acid 1500 gal.
	14-N 43 gal. HAI-60 1.5 gal.
	400 sacks 20/40, 160 sacks 12/20
	43,260 gal. gelled water sand

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
4-20-86	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4-20-86	24			7	0	0	

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
30	30		7	0		

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): TSTM

TEST WITNESSED BY:

35. LIST OF ATTACHMENTS: Welex log

ACCEPTED FOR RECORD
JUN 30 1986
CARLSBAD, NEW MEXICO

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED: [signature] TITLE: Agent DATE: 5-20-86

*(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 [illegible] both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the [illegible] submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by [illegible] or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.
[illegible] 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.), [illegible] 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.
Red bed	0	600	
Salt	600	2300	
Anhy	2300	3380	
Queen	3380	3700	
Crayburg	3700	TD	

38. GEOLOGIC MARKERS

NAME	TOP: MEAS. DEPTH	TOP: TRUE VERT. DEPTH