

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

|  |                 |  |               |
|--|-----------------|--|---------------|
| 1a. TYPE OF WELL:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <u>Water Injection</u>   |                 | 5. LEASE DESIGNATION AND SERIAL NO.<br><u>NMM-85311</u>                            |               |
| b. TYPE OF COMPLETION:<br>NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> BACK <input type="checkbox"/> DIFF. RESER. <input type="checkbox"/> Other <u>Conversion</u> |                 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><u></u>                                    |               |
| 2. NAME OF OPERATOR<br><u>Marathon Oil Company</u>   |                 | 7. UNIT AGREEMENT NAME<br><u>Tamano (BSSC) Unit</u>                                |               |
| 3. ADDRESS OF OPERATOR<br><u>P. O. Box 552, Midland, TX 79702</u>  |                 | 8. FARM OR LEASE NAME<br><u>Tamano (BSSC) Unit</u>                                 |               |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)<br>At surface <u>Unit D, 990' FNL &amp; 450' FWL</u><br>At top prod. interval reported below<br>At total depth                 |                 | 9. WELL NO.<br><u>410</u>  |               |
| 14. PERMIT NO.   |                 | 12. COUNTY OR PARISH<br><u>Eddy</u>  |               |
| 15. DATE SPUDDED   |                 | 13. STATE<br><u>NM</u>   |               |
| 16. DATE T.D. REACHED  |                 | 10. FIELD AND POOL, OR WILDCAT<br><u>Tamano (Bone Spring)</u>                      |               |
| 17. DATE COMPL. (Ready to prod.)   |                 | 11. SEC., T., R., M. OR BLOCK AND SURVEY OR AREA<br><u>Sec. 11, T-18-S, R-31-E</u> |               |
| 18. ELEVATIONS (DE, RKB, RT, GR, ETC.)*  |                 | NMPM   |               |
| 19. ELEV. CASINGHEAD   |                 |  |               |
| 20. TOTAL DEPTH, MD & TVD  |                 | 21. PLUG. BACK T.D., MD & TVD  |               |
| 22. IF MULTIPLE COMPLETIONS, HOW MANY*   |                 | 23. INTERVALS FILLED BY  |               |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*  |                 | 25. WAS DIRECTIONAL SURVEY MADE  |               |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN   |                 | 27. WAS WELL CORED   |               |
| 28. CASING RECORD (Report all strings set in well)   |                 |  |               |
| CASING SIZE  | WEIGHT, LB./FT. | DEPTH SET (MD)   | HOLE SIZE     |
| See original Completion Report   |                 |  | 5 1992        |
| 29. LINER RECORD   |                 |  |               |
| SIZE   | TOP (MD)        | BOTTOM (MD)  | SACKS CEMENT* |
|  |                 |  |               |
| 30. TUBING RECORD  |                 |  |               |
| SIZE   | DEPTH SET (MD)  | PACKER SET (MD)  |               |
| 2 3/8"   | 7933'           | 7933'  |               |
| 31. PERFORATION RECORD (Interval, size and number)   |                 |  |               |
| Second Bone Spring Carbonate   |                 |  |               |
| New perfs: 7998-8014' & 8023-8045', 2SPF   |                 |  |               |
| Old perfs: 8017-8022' & 8046-8080', 2SPF   |                 |  |               |
| 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.   |                 |  |               |
| DEPTH INTERVAL (MD)  |                 | AMOUNT AND KIND OF MATERIAL USED   |               |
| 7998-8080'   |                 | 3000 gals 15% NEFE HCl   |               |
| 33. PRODUCTION   |                 |  |               |
| DATE FIRST PRODUCTION  |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)               |               |
| DATE OF TEST   |                 | HOURS TESTED   |               |
| CHOKE SIZE   |                 | PROD'N. FOR TEST PERIOD  |               |
| OIL—BBL.   |                 | GAS—MCF.   |               |
| WATER—BBL.   |                 | GAS-OIL RATIO  |               |
| 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.)   |                 |  |               |
| TEST WITNESSED BY  |                 |  |               |
| 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 <u>D. Gaddis</u>  |                 | TITLE <u>Production Engineer</u>   |               |
| DATE <u>2/10/92</u>  |                 |  |               |

\*(See Instructions and Spaces for Additional Data on Reverse Side)