

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.

5. LEASE DESIGNATION AND SERIAL NO.

LC 068368

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Big Eddy Unit

9. WELL NO.

32

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 15, T-21-S, R-28-E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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

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

2. NAME OF OPERATOR Pennzoil United, Inc.

3. ADDRESS OF OPERATOR P. O. Drawer 1828 - Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660 FSL & 660 FWL of Sec. 15, T-21-S, R-28-E At top prod. interval reported below At total depth Same

14. PERMIT NO. DATE ISSUED 6-2-70

15. DATE SPUDDED 6-6-70 16. DATE T.D. REACHED 7-14-70 17. DATE COMPL. (Ready to prod.) P&A 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3265' GL 19. ELEV. CASINGHEAD 3265 GL

20. TOTAL DEPTH, MD & TVD 11,578' 21. PLUG, BACK T.D., MD & TVD P&A 22. IF MULTIPLE COMPL., HOW MANY* - 23. INTERVALS DRILLED BY ROTARY TOOLS 10 - 11,570' CABLE TOOLS -

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN SNP, IES, ML 27. WAS WELL CORED No

Table with 6 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Rows include 13 3/8" OD (48# weight, 497 MD depth) and 9 5/8" OD (36# weight, 2,524 MD depth).

Table with 8 columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD). Rows show 'None' for all entries.

Table with 2 columns: PERFORATION RECORD (Interval, size and number) and ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. Both show 'None'. Includes a 'RECEIVED' stamp dated JUL 31 1970.

Table with 8 columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKE SIZE, PROD'N. FOR TEST PERIOD, OIL—BBL., GAS—MCF., WATER—BBL., GAS-OIL RATIO. Includes 'P&A' and 'None' entries.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS Deviation Survey, Logs, Form 9-330

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records SIGNED A.P. Goodrich, S.B. TITLE Drilling Superintendent DATE 7-29-70

*(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 13: 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: "Stacks 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.)

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.	GEOLOGIC MARKERS	
				NAME	TOP
				MEAS. DEPTH	TRUE VERT. DEPTH
				38.	
			Delaware Sand	2634	
			Bone Spring	6052	
			1st B.S. Sand	7275	
			Leonard Lime	8340	
			Wol fcamp	9590	
			Strawn	10880	
			Atoka	11265	
			Morrow Lime	11485	