

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(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 ☐ GAS WELL ☐ DRY ☒ Other _____		5. LEASE DESIGNATION AND SERIAL NO. 039881-A																									
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ REEF-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other <u>P & A</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																									
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME																									
3. ADDRESS OF OPERATOR 600 Building of the Southwest, Midland, Texas 79701		8. FARM OR LEASE NAME Rocky Arroyo A																									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980 FNL & 660 FWL of Section (Unit E) At top prod. interval reported below At total depth Same		9. WELL NO. 1																									
14. PERMIT NO. <u>APP</u> DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Wildcat																									
15. DATE SPUDDED 12/29/71		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 9, T-22-S, R-22-E																									
16. DATE T.D. REACHED 2-17-72		12. COUNTY OR PARISH Eddy																									
17. DATE COMPL. (Ready to prod.) 2-20-72 (P & A)		13. STATE New Mexico																									
18. ELEVATIONS (DT, RK9, RT, GR, ETC.)* 4424 Gr.		19. ELEV. CASINGHEAD NA																									
20. TOTAL DEPTH, MD & TVD 9160 MD & TVD		21. PLUG, BACK T.D., MD & TVD Surface																									
22. IF MULTIPLE COMPL., HOW MANY* No		23. INTERVALS DRILLED BY All																									
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 GRN, Dual Induction, "Minilog", BHC Acoustalog		27. WAS WELL CORED No																									
28. CASING RECORD (Report all strings set in well)																											
<table border="1"><thead><tr><th>CASING SIZE</th><th>WEIGHT, LB./FT.</th><th>DEPTH SET (MD)</th><th>HOLE SIZE</th><th>CEMENTING RECORD</th><th>AMOUNT PULLED</th></tr></thead><tbody><tr><td>13 3/8</td><td>48.0</td><td>305</td><td>17 1/2</td><td>400 SXS</td><td>0</td></tr><tr><td>8 5/8</td><td>84.0</td><td>1915</td><td>12 1/4</td><td>1400 SXS</td><td>0</td></tr><tr><td></td><td></td><td></td><td>7 7/8</td><td></td><td></td></tr></tbody></table>				CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	13 3/8	48.0	305	17 1/2	400 SXS	0	8 5/8	84.0	1915	12 1/4	1400 SXS	0				7 7/8		
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31. PERFORATION RECORD (Interval, size and number) N.A.																											
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																											
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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>[Signature]</u> TITLE <u>Spec. Prod. Sec.</u> DATE <u>Apr 13, 1972</u>																											

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Grayburg	Surface	130				
San Andres	130	1612				
Glorieta	1612	1650				
Yeso	1650	3520				
Bone Spring	3520	4390				
Abo Dolomite	4390	4650				
Wolfcamp Shale	4650	4790				
Wolfcamp Dolo.	4790	7086				
Cisco	7086	7340				
Lower Strawn	7340	7930				
Atoka	8460	8873				
Morrow Sand	8873	TD+				