

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

(See other In-  
structions on  
reverse side)

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

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"/>                |                                                                                           |                                |
| b. TYPE OF COMPLETION:                                                                                                            |                       | NEW WELL <input type="checkbox"/>                                    | WORK OVER <input type="checkbox"/> | DEEP-EN <input type="checkbox"/>                                                                   | PLUG BACK <input checked="" type="checkbox"/> | DIFF. RESRV. <input type="checkbox"/>                                                     | Other <input type="checkbox"/> |
| 2. NAME OF OPERATOR                                                                                                               |                       |                                                                      |                                    |                                                                                                    |                                               | TXO Producion Corp. ✓                                                                     |                                |
| 3. ADDRESS OF OPERATOR                                                                                                            |                       |                                                                      |                                    |                                                                                                    |                                               | 415 W. Wall Suite 900 Midland, TX. 79701                                                  |                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*                                      |                       |                                                                      |                                    |                                                                                                    |                                               | At surface<br>At top prod. interval reported below 1980' FNL & 660' FWL<br>At total depth |                                |
| 14. PERMIT NO.                                                                                                                    |                       | DATE ISSUED                                                          |                                    | 12. COUNTY OR PARISH                                                                               |                                               | 13. STATE                                                                                 |                                |
| Recompl                                                                                                                           |                       | 7/26/89                                                              |                                    | Eddy                                                                                               |                                               | NM                                                                                        |                                |
| 15. DATE SPUDDED                                                                                                                  | 16. DATE T.D. REACHED | 17. DATE COMPLETION (Ready to prod.)                                 |                                    | 18. ELEVATIONS (OF RKB, RT, GR, ETC.)*                                                             |                                               | 19. ELEV. CASINGHEAD                                                                      |                                |
|                                                                                                                                   |                       | 8/15/89                                                              |                                    | 3280 GR                                                                                            |                                               |                                                                                           |                                |
| 20. TOTAL DEPTH, MD & TVD                                                                                                         |                       | 21. PLUG. BACK T.D., MD & TVD                                        |                                    | 22. IF MULTIPLE COMPL. HOW MANY*                                                                   |                                               | 23. INTERVALS DRILLED BY                                                                  |                                |
| 11,751                                                                                                                            |                       | 3815'                                                                |                                    |                                                                                                    |                                               | XXX                                                                                       |                                |
| 24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*                                                     |                       |                                                                      |                                    |                                                                                                    |                                               | 25. WAS DIRECTIONAL SURVEY MADE                                                           |                                |
| Delaware (3320' - 3342')                                                                                                          |                       |                                                                      |                                    |                                                                                                    |                                               | No                                                                                        |                                |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                              |                       |                                                                      |                                    |                                                                                                    |                                               | 27. WAS WELL CORED                                                                        |                                |
| Comp. Neutron form. density                                                                                                       |                       |                                                                      |                                    |                                                                                                    |                                               | No                                                                                        |                                |
| 28. CASING RECORD (Report all strings set in well)                                                                                |                       |                                                                      |                                    |                                                                                                    |                                               |                                                                                           |                                |
| CASING SIZE                                                                                                                       |                       | WEIGHT, LB./FT.                                                      |                                    | DEPTH SET (MD)                                                                                     |                                               | HOLE SIZE                                                                                 |                                |
| 13 3/8"                                                                                                                           |                       | 48                                                                   |                                    | 617                                                                                                |                                               | 650 SX                                                                                    |                                |
| 8 5/8"                                                                                                                            |                       | 24 & 32                                                              |                                    | 3108                                                                                               |                                               | 12 1/4                                                                                    |                                |
| 4 1/2"                                                                                                                            |                       | 11.6 & 13.5                                                          |                                    | 11751                                                                                              |                                               | 7 7/8                                                                                     |                                |
| 4 1/2"                                                                                                                            |                       | 10.5                                                                 |                                    | 4170                                                                                               |                                               | 7 7/8                                                                                     |                                |
| 29. LINER RECORD                                                                                                                  |                       | 30. TUBING RECORD                                                    |                                    | AMOUNT PULLED                                                                                      |                                               |                                                                                           |                                |
| SIZE                                                                                                                              |                       | TOP (MD)                                                             |                                    | BOTTOM (MD)                                                                                        |                                               | SACKS CEMENT*                                                                             |                                |
| 2 3/8                                                                                                                             |                       | 3220                                                                 |                                    | 3220                                                                                               |                                               | 3220                                                                                      |                                |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                |                       |                                                                      |                                    | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                     |                                               |                                                                                           |                                |
| 3906' - 3914' (2spf) 18 holes<br>CIBP @ 3850 W/35' cmt<br>3320' - 3342'                                                           |                       |                                                                      |                                    | DEPTH INTERVAL (MD)                                                                                |                                               |                                                                                           |                                |
|                                                                                                                                   |                       |                                                                      |                                    | 3906-14'                                                                                           |                                               |                                                                                           |                                |
|                                                                                                                                   |                       |                                                                      |                                    | 3320-42'                                                                                           |                                               |                                                                                           |                                |
|                                                                                                                                   |                       |                                                                      |                                    | spot 250 gals 15% NEFE<br>spot 250 gals. 7 1/2% NEFE<br>Acid2 W/1000 gals 7 1/2% NEFE<br>W/45 ES'S |                                               |                                                                                           |                                |
| 33. PRODUCTION                                                                                                                    |                       |                                                                      |                                    |                                                                                                    |                                               |                                                                                           |                                |
| DATE FIRST PRODUCTION                                                                                                             |                       | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                                    |                                                                                                    |                                               | WELL STATUS (Producing or shut-in)                                                        |                                |
| 8/16/89                                                                                                                           |                       | Swabing and Flowing                                                  |                                    |                                                                                                    |                                               | SI                                                                                        |                                |
| DATE OF TEST                                                                                                                      |                       | HOURS TESTED                                                         |                                    | CHOKE SIZE                                                                                         |                                               | PROD'N. FOR TEST PERIOD                                                                   |                                |
| 8/16/89                                                                                                                           |                       | 7                                                                    |                                    | 3/4                                                                                                |                                               | 35                                                                                        |                                |
| FLOW. TUBING PRESS.                                                                                                               |                       | CASING PRESSURE                                                      |                                    | CALCULATED 24-HOUR RATE                                                                            |                                               | OIL—BBL.                                                                                  |                                |
| 30                                                                                                                                |                       | Pkr                                                                  |                                    |                                                                                                    |                                               | 120                                                                                       |                                |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)                                                                        |                       | TEST WITNESSED BY                                                    |                                    | Milton Castleman                                                                                   |                                               |                                                                                           |                                |
| Vented                                                                                                                            |                       |                                                                      |                                    |                                                                                                    |                                               |                                                                                           |                                |
| 35. LIST OF ATTACHMENTS                                                                                                           |                       | (ORIG. SCD) DAVID R. GLASS                                           |                                    |                                                                                                    |                                               |                                                                                           |                                |
| C-102, 3160-5, c-104                                                                                                              |                       |                                                                      |                                    |                                                                                                    |                                               |                                                                                           |                                |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records |                       |                                                                      |                                    |                                                                                                    |                                               |                                                                                           |                                |
| SIGNED                                                                                                                            |                       | TITLE                                                                |                                    | DATE                                                                                               |                                               | 8-17-89                                                                                   |                                |
| David R. Glass                                                                                                                    |                       | Engineer                                                             |                                    |                                                                                                    |                                               |                                                                                           |                                |

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