

N. M. O. C. C. COPY
UNITED STATES

SUBMIT IN DUPLICATE

Form approved
Budget Bureau No. 42-R355.5.DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See instructions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. 0491036																									
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐		6. IF INDIAN ALLOTTEE OR TRIBE NAME																									
2. NAME OF OPERATOR Coguina Oil Corporation		7. LEASE AGREEMENT NAME																									
3. ADDRESS OF OPERATOR P. O. Drawer 2960, Midland, TX 79701		8. FARM OR LEASE NAME A. M. Federal																									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 660' FSL & 1900' FEL Sec. 8 At top prod. interval reported below Same At total depth Same		9. WELL NO. 1																									
14. PERMIT NO.		10. FIELD AND POOL OR WILDCAT Avalon Morrow																									
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 8 T-21-S, R-26-E																									
12. COUNTY OR PARISH Eddy		13. STATE New Mexico																									
13. DATE SPUNDED 4-28-75	16. DATE T.D. REACHED 6-5-75	17. DATE COMPL. (Ready to prod.) 6-23-75	18. ELEVATIONS (DF, R33, BT, GR, ETC.)* 3242 G.L.																								
19. TOTAL DEPTH, MD & TVD 10,973'	21. PLUG BACK T.D., MD & TVD 10,925'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY 0-10955																								
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 10,774' - 10,788' 10,822' - 10,834' (Morrow)			25. WAS DIRECTIONAL SURVEY MADE No																								
26. TYPE ELECTRIC AND OTHER LOGS RUN Forxo-Guard Log Compensated Density Log			27. WAS WELL CORED No																								
28. CASING RECORD (Report all strings set in well)																											
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented																											
35. TEST WITNESSED BY Richburg																											
36. LIST OF ATTACHMENTS Log's DST's, Deviation Survey, CAOF																											
37. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																											
SIGNED <u>D. C. Radtke</u> D.C. Radtke TITLE <u>Engineer</u> DATE <u>7-23-75</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 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: "Seals 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 LOGGING ZONES: SHOW ALL INTERVALS 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		38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			Capitan	580	
			Delaware	2110	
			Bone Spring	4066	
			1st Bone Spring		
			Sand	5505	
			3rd Bone Spring		
			Sand	7686	
			Wolfcamp	8086	
			Penn LS	9100	
			Strawn	9745	
			Atoka	9976	
			Morrow LS	10350	
			Morrow Clas	10500	
			Barnett	10935	

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