

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

0354232

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elizondo Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Burton Flat Morrow

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

Sec. 20, T-21S, R-27E

12. COUNTY OR PARISH
Eddy13. STATE
New Mexico**WELL COMPLETION OR RECOMPLETION REPORT AND LOG ***1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

Cities Service Oil Company

3. ADDRESS OF OPERATOR

Box 1919, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface 660' FSL, 1980' FWL of Section 20, T-21S, R-27E,

Eddy County, New Mexico

At top prod. interval reported below

Same as above

At total depth

Same as above

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 11-20-76

16. DATE T.D. REACHED 12-22-76

17. DATE COMPLETION (Ready to prod.)

18. ELEVATIONS (DF, REB, RT, GR, ETC.) *

3183' GR

19. ELEV. CASINGHEAD

3183'

20. TOTAL DEPTH, MD & TVD

11,690'

21. PLUG, BACK T.D., MD & TVD

11,650'

22. IF MULTIPLE COMPL., HOW MANY *

-

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-11,690'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) *

11,381', 11,424' Morrow

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

FDCCNL, Gamma Ray Caliper & Dual Laterolog

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 13 3/8" OD | 48 | 600' | 17 1/2" | 1075 Sacks | None |
| 8 5/8" OD | 24 & 32 | 3000' | 12 1/4" | 1500 Sacks | None |
| 5 1/2" OD | 17 & 20 | 11,690' | 7 7/8" | 750 Sacks | None |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT * | SCREEN (MD) | SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|----------------|-------------|--------|----------------|-----------------|
| | | | | | 2 7/8" | 11,369.80' | 11,364.80' |

31. PERFORATION RECORD (Interval, size and number)

2 - 0.48" holes per foot at 11,265', 11,267', 11,268', 11,272', 11,273', 11,300', 11,346', 11,381', 11,399', 11,400', 11,409', 11,410', 11,411', 11,414', 11,418', & 11,424'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|---|
| 11,265'-11,424' | 7000 gals. 7 1/2% acid w/26 RCNCB's & 1000 SCF N2/bbl. |
| 11,381'-11,424' | 3500 gals. 7 1/2% MS acid w/1000 SCF N2/bbl. & 22 RCNCB's |

33. PRODUCTION

| | | | | | | | |
|-----------------------|-----------------|--|-------------------------|-------------|------------|------------------------------------|---------------|
| DATE FIRST PRODUCTION | | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) | | | | WELL STATUS (Producing or shut-in) | |
| 2-14-77 | | Flowing | | | | Shut in | |
| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
| 2-26-77 | 4 hours | 8, 10, 13 & 16/64" | → | | | | |
| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) | |
| 1180 | - | → | -0- | 1291 (CAOF) | -0- | - | |

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

Well is shut in waiting on pipeline connection.

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Deviation Test

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

Region Operation Mgr.

DATE

March 2, 1977

*(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: "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.)

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. | NAME | MEAS. DEPTH | TRUE VERT. DEPTH |
|---|-----|--------|-----------------------------|--------------|-------------|------------------|
| NO CORES OR DRILL STEM TESTS TAKEN ON THIS WELL | | | | | | |
| | | | | Bone Springs | 5016' | |
| | | | | Dean | 8450' | |
| | | | | Wolfcamp | 8694' | |
| | | | | Canyon | 9898' | |
| | | | | Strawn | 10,184' | |
| | | | | Atoka | 10,749' | |
| | | | | Morrow | 11,033' | |
| | | | | Chester | 11,651' | |

38.

GEOLOGIC MARKERS