

NMOCC COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)copy to SF
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 _____b. TYPE OF COMPLETION:
NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____2. NAME OF OPERATOR
Hanagan Petroleum Corporation3. ADDRESS OF OPERATOR
P.O. Box 1737, Roswell, NM 88201

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

At surface 1650' FSL & FEL

At top prod. interval reported below

At total depth Same

14. PERMIT NO. _____ DATE ISSUED
6/28/77O. C. C.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

NM 0112134-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Round Mountain

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Catclaw Draw Morrow

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

Sec. 34, T-21-S, R-25-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

15. DATE SPUDDED 7/5/77 16. DATE T.D. REACHED 8/6/77 17. DATE COMPL. (Ready to prod.) 8/10/77 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3533 GR, 3549 KB 19. ELEV. CASINGHEAD 3533

20. TOTAL DEPTH, MD & TVD 10900 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None 25. WAS DIRECTIONAL SURVEY MADE.

26. TYPE ELECTRIC AND OTHER LOGS RUN

Schlumberger Comp. Neut.-Form Den. - GR, Dual Laterolog-MSFL

27. WAS WELL CORDED
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"	48#	250'	17 1/2"	230 sx. Class "C"	Circ.
8 5/8"	32# & 24#	2205'	12 1/4" & 11"	1200 sx. Class "C"	Circ.

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS-CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	CRACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

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

DEPTH INTERVAL (MD) _____

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) P&A

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

5 copies Form 9-330, (2) Electric logs, (2) Deviation surveys.

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

SIGNED Stuart D. Hanson TITLE Agent

DATE 8/16/77

*(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				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH TRUE VERT. DEPTH
DST #1 (Morrow)	10412	10424	Op. 66", GTS 3" @ max. 492 MCFGPD dcr. to 289 MCFGPD, Rec. 90' GCM, 1350' FC salt water. 60" ISI: 3496; FP: 836-769; 120" FSI: 3096. Op. 90", GTS 15" @ max. 145 MCFGPD dcr. to 88 MCFGPD, Rec. 720' GCM, 90" ISI: 3169; FP: 184-277; 120" FSI: 3536 Op. 30", GTS 25" @ max. 59 MCFGPD Pkr. failed after ISI. No. Rec. 90" ISI: 3946, FP: 232-258 Pkr. failed.	Delaware Sd. Bone Spring Lm 3d Bone Spring Wolfcamp Strawn Lm Atoka Morrow Clastic B/Morrow	2190 4120 7410 7730 9420 9918 10394 10744
DST #2 (Morrow)	10524	10900			
SP-DST #3 (Atoka)	9890	10015			
SP-DST #4 (Atoka)	9883	10008			