

UNITED STATES

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.5.OIL, GAS, AND
DRAWER DD

Artesia, NM 88210

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

(See other in-
structions on
reverse side)1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐

ARTESIAN OR COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESVR. ☒ Other ☐

2. NAME OF OPERATOR

TXO Production Corp.

3. ADDRESS OF OPERATOR

900 Wilco Bldg. Midland, Tx 79701

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

At surface

2080 FSL 1980 FEL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

July 2, 1985

15. DATE SPUDDED

1-24-78

16. DATE T.D. REACHED

3-10-78

17. DATE COMPL. (Ready to prod.)

Recompl 1 Nov 85

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

3334 KB

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

11175

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

9300'

22. IF MULTIPLE COMPL.,
HOW MANY*

N/A

23. INTERVALS
DRILLED BY

ROTARY TOOLS

10-TD

CABLE TOOLS

N/A

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

Wolfcamp 8622-97

26. TYPE ELECTRIC AND OTHER LOGS RUN

CN/FDL/GR/DIL

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	48	400	17 1/2	450 sx circ	-
8 5/8	24 & 32	2900	12 1/2	1915 sx circ	-
4 1/2	11.6 & 13.5	11175	7 7/8	1150 sx TOC 7012	-

29. LINER RECORD N/A

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	8507	8507

31. PERFORATION RECORD (Interval, size and number)

Wolfcamp 8622-41 1 spf
70-75 39 holes
91-97 3 1/8" csg gun

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8622-97	250 gal 15% NEFE spot
8622-97	4000 gal 15% NEFE

33.* PRODUCTION

Comp. Win

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
1 Nov 1985		Flowing					Shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
5 Nov 1985	4 hrs	1/4"	→	32	1500 MCFD	29	46875	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
1100	Pkr	→	192	1500	174	49		

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

Vented

TEST WITNESSED BY

Alan Bland

35. LIST OF ATTACHMENTS

9-331 C-104

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

SIGNED

Thurston R. E. J. p.

TITLE

Prod Eng

DATE

5 Nov 85

*(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: "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 POROUS ZONES:			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			See initial completion reports			