

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE
(Other, in the
reverse side)Form approved
Budget Bureau No. 17
LEASE DESIGNATION AND SURVEY NO.

NM 9190-B

G. LEASE DESIGNATION AND SURVEY NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or pump back to a different depth. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. TYPE OF WELL: ☐ OIL WELL ☒ GAS WELL ☐ OTHER Dry Hole

2. NAME OF OPERATOR: Inexco Oil Company

3. ADDRESS OF OPERATOR: 1100 Milan Bldg., Suite 1900, Houston, Texas 77002 O C D. ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface: 660' FNL & 1980' IWL
Sec 12-T22S-R22E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DE, RT, GR, etc.)
4144.5 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

L. A. Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Morrow - Wildcat11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA12-T22S-R22E

12. COUNTY OR PARISH 13. STATE

ElddyNM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PLUG OR ALTER CASING
FRAC TURE TREAT	RE-ENTER COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	COASTAL PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRAC TURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(Note: Report results of multiple completion on Well Completion or Production Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED WORK CLEARLY state all pertinent details, and give pertinent data, including estimated date of start of proposed work. If well is directionally drilled, give subsurface locations and measured and true depths for all markers and points pertinent to this work.*

50 sxs Class "H" 8750-8950

50 sxs Class "H" 7850-8050

50 sxs Class "H" 5880-6080

45 sxs Class "H" 3850-4000

45 sxs Class "H" 1925-2075

10 sxs Class "H" In top of surface casing

Cut casing below plow depth, weld plate on top & set dry hole marker

Final plug set 5/7/79

Deviation information will be forwarded as soon as received from drilling contractor.

18. I hereby certify that the foregoing is true and correct.

SIGNED [Signature]TITLE Assistant Drilling Administrator 5/7/79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 9-26-79

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

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 ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 9190-B	
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 Inexco Oil Company ✓		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1100 Milam Bldg., Suite 1900, Houston, Texas 77002		8. FARM OR LEASE NAME L. A. Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FNL & 1980' FWL Sec 12-T22S-R22E At top prod. interval reported below At total depth		9. WELL NO. 2	
14. PERMIT NO.		DATE ISSUED 3/20/79	
15. DATE SPUDDED 3/26/79		16. DATE T.D. REACHED 5/5/79	
17. DATE COMPL. (Ready to prod.) 5-7-79		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4144.5' GR	
19. ELEV. CASINGHEAD 4144.5' GR		20. TOTAL DEPTH, MD & TVD 9650	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS Total	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		CABLE TOOLS -0-	
25. WAS DIRECTIONAL SURVEY MADE NO		26. TYPE ELECTRIC AND OTHER LOGS RUN DIL, CNL/Density/GR, Dipmeter	
27. WAS WELL CORED NO		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) MAY 21 1979 U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
WELL STATUS (Producing or shut-in)		TEST WITNESSED BY	
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.)		35. LIST OF ATTACHMENTS	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>Y. C. Maddox</u> TITLE Assistant Drilling Administrator DATE May 17, 1979			

*(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 33.

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
3rd Bone Springs	5850					
Wolfcamp	5980					
Lwr Wolfcamp	6910					
Cisco	7287					
Canyon	7736					
Strawn	7948					
Lwr Strawn	8345					
Atoka	8603					
Morrow	8862					
Barnett	9448					