

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.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0915

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

BIG EDDY UNIT

8. FARM OR LEASE NAME

BIG EDDY UNIT

9. WELL NO.

75

10. FIELD AND POOL, OR WILDCAT

WILDCAT Ridge

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

SEC. 26, T. 21S, R. 29E

12. COUNTY OR PARISH

EDDY

13. STATE

N. Mex.

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

PERRY E. BASS ✓

3. ADDRESS OF OPERATOR

Box 2760, MIDLAND, TX 79702

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

At surface 1980' FNL + 990' FWL OF SECTION - UNIT LETTER E.

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

July 7, 1980

16. DATE T.D. REACHED

Aug. 22, 1980

17. DATE COMPL. (Ready to prod.)

DRY

P & A

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)

3421' 6L

3439.5' KB

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

13,441

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

—

22. IF MULTIPLE COMPL., HOW MANY*

—

23. INTERVALS DRILLED BY

0-13,441'

ROTARY TOOLS

CABLE TOOLS

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

NONE

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

DLL-M3FL & CNFD.

27. WAS WELL CORED

No

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

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
11 3/4"	42	510'	15"	360 CI "C" + 2% COCL ₂	NONE
8 5/8"	28 + 32	3352'	11"	960 "LITE" + 200 CI "C"	NONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
N	0	N	E		N	0	N

31. PERFORATION RECORD (Interval, size and number)

NONE

OCT 2 1980

O. C. D.

ARTESIA, OFFICE

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED*
N	0
N	N
E	E

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
Dry P & A		—				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 (30°F)	
		→					

ACCEPTED FOR RECORD

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

35. LIST OF ATTACHMENTS

Two (2) COPIES OF LOGS.

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

SIGNED

H. P. Murty Jr.

TITLE

Sr. Prod. Clerk

DATE

Sept. 22, 1980

*(See Instructions and Spaces for Additional Data on Reverse Side)

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.

See instructions on items 22 and 24, and 26, below regarding separate reports for separate completions.

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 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.)

U.S. GOVERNMENT PRINTING OFFICE: 1963-O-683636