

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.

45F

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

RECEIVED

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: CONOCO INC.

3. ADDRESS OF OPERATOR: P.O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface Unit E, 1400' FWL + 990' FWL
At top prod. interval reported below _____
At total depth _____

5. LEASE DESIGNATION AND SERIAL NO.: NM-27801

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME: Tuesday A. Federal

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Wildcat Bone Springs

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 3-20S-29E

12. COUNTY OR PARISH: Eddy

13. STATE: N.M.

14. PERMIT NO.: 30-015-25511 DATE ISSUED _____

15. DATE SPUNDED: 4-28-86 16. DATE T.D. REACHED: 6-5-86 17. DATE COMPL. (Ready to prod.): 9-20-87

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*: 3334' GL

19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD: 11,700' 21. PLUG, BACK T.D., MD & TVD: 5914'

22. IF MULTIPLE COMPL., HOW MANY* _____

23. INTERVALS DRILLED BY: _____ ROTARY TOOLS: All CABLE TOOLS: _____

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

25. WAS DIRECTIONAL SURVEY MADE: NO

26. TYPE ELECTRIC AND OTHER LOGS RUN: GR-CNL-FDC-(LTD)-CAL; GR-DLL-MSFL

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 PULPED:
Original casing set in well					RECEIVED

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
None				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PERFOR SET (MD)
2 7/8"	5685'	5

31. PERFORATION RECORD (Interval, size and number):
5834'-5853'
5854'-5863' w/4 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<u>5934'-5863'</u>	<u>FRAE Bone Springs with 63450# 20/40 sd, 23000 gals water</u>

33.* PRODUCTION

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

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
<u>11-3-87</u>	<u>24</u>		<u>34 ORD</u>	<u>310</u>	<u>0</u>	<u>0</u>	<u>9118</u>

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): Sold TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS: SJS

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

SIGNED: D.F. Finney TITLE: Administrative Supervisor DATE: 12-30-87

*(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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
38. GEOLOGIC MARKERS							
				Rustler	214		
				SALADO	288		
				TANSILL	966		
				YATES	1254		
				7 RIVERS	1496		
				DELAWARE	3462		
				BONE SPRING	5678		
				WOLFCAMP	9306		
				DISCO-CANYON	9810		
				STRAW	10372		
				ATAKA	10794		
				MORROW	10918		