

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 _____

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR
Santa Fe Exploration Company

3. ADDRESS OF OPERATOR
P. O. Box 1136, Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 660' FSL & 660' FEL, Section 8, T21S, R-23E

At top prod. interval reported below

At total depth

RECEIVED

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.

NM-58511

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Indian Basin

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Indian Basin Upper Penn

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

Sec. 8, T21S, R23E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

15. DATE SPOOLED 28 Apr 89 16. DATE T.D. REACHED 30 Jun 89 17. DATE COMPL. (Ready to prod.) P&A 6 Jul 89 18. ELEVATIONS (OF, RKB, RT, GR, ETC.)* 4003.8 GR 19. ELEV. CASINGHEAD 3987.8

20. TOTAL DEPTH, MD & TVD 9355 21. PLUG, BACK T.D., MD & TVD Surface 22. IF MULTIPLE COMPL., HOW MANY* - 23. INTERVALS DRILLED BY - ROTARY TOOLS X CABLE TOOLS

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

None

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
DLL, MLL, CNL, CDL, GR, CAL

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	227'	17 1/2	Circulated Cmt.	None
9 5/8	36	1675'	12 1/4	Circulated Cmt.	None
			8 3/4		
			7 7/8		

29. LINER RECORD

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

31. PERFORATION RECORD (Interval, size and number)

None

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
N/A	

33. PRODUCTION

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

Electric logs, Mud log, Drillstem Tests, and Deviation Survey

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

SIGNED

Andrew A. Bostred

TITLE

Petroleum Engineer

DATE

6 Jul 89

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

SJS

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. (formal types electric, etc.), formations 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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
MUD LOG ATTACHED			San Andres	443	Same
			Glorieta	1905	"
			Bone Springs	3250	"
			Wolfcamp	5350	"
			Cisco	7190	"
			Barnett Shale	9145	"