

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

DRAWER DD
ARTESIA, NM 88210

FOR APPROVED
OMB NO. 1004-0137
Expires: December 31, 1991

458

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☐ DIFF. REVR. ☐ Other ☐

2. NAME OF OPERATOR
Collins & Ware Inc. ✓

3. ADDRESS AND TELEPHONE NO.
303 W. Wall Ave Ste. 2200 Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 1980' FNL & 1980' FWL

At top prod. interval reported below 1980' FNL & 1980' FWL

At total depth 1980' FNL & 1980' FWL

14. PERMIT NO. DATE ISSUED
2-11-93

15. DATE SPUDDED 3-22-93
16. DATE T.D. REACHED 4-3-93
17. DATE COMPL. (Ready to prod.) 6-19-93
18. ELEVATIONS (DP, RKB, RT, GR, ETC.)* 3299.1 Gr.

20. TOTAL DEPTH, MD & TVD 5000'
21. PLUG, BACK T.D., MD & TVD 5000'
22. IF MULTIPLE COMPL., HOW MANY* NO
23. INTERVALS DRILLED BY rotary

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
2506'-2544' Delaware 73 holes

26. TYPE ELECTRIC AND OTHER LOGS RUN
CBL, Gamma Ray

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
13 3/8	61#	450'	17.5	500SX Surface	None
8 5/8	24#	1650'	12.25	570SX Surface	None
5 1/2	15.5#	5000'	7.875	First 300 sacks surface (DV Tool 3395')	None
				Second 550 sacks	

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
2 7/8				

DATE FIRST PRODUCTION			PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			
6-21-93			Pumping			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	
7-3-93	24	Open	→	64	13	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.		WATER—
		→	64	13		4

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

35. LIST OF ATTACHMENTS
Bill Carlton

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

SIGNED [Signature] TITLE Regulatory Manager DATE 7-12-93

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

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):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Delaware	1707					
Cherry Canyon	2492					
Bone Springs	4935					

38.

GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH