

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(See instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

NM 19841

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Indian Draw (Del.)

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

Sec. 24, T-22-S, R-27-S

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other **RECEIVED**

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other **JAN 27 1976**

2. NAME OF OPERATOR

I. W. Lovelady

3. ADDRESS OF OPERATOR

P. O. Drawer 2666; Midland, Texas 79701

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

At surface 660' FNL & 660' FEL of Sec.

At top prod. interval reported below

At total depth Same

14. PERMIT NO.

DATE ISSUED

12-23-75

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

15. DATE STEUDED 1-9-76 16. DATE T.D. REACHED 1-17-76 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3073.8 Gr. 19. ELEV. CASINGHEAD 3073.8

20. TOTAL DEPTH, MD & TVD 3380' 21. PLUG BACK T.D., MD & TVD --- 22. IF MULTIPLE COMPL., HOW MANY* --- 23. INTERVALS DRILLED BY --- ROTARY TOOLS 3380' CABLE TOOLS 0

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

Schlumberger - Borehole Compensated Sonic & Dual Laterolog.

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
8-5/8"	36#	460'	11"	350 Sks. Cl. "C" W/2% CaCl	None Circulated

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
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31. PERFORATION RECORD (Interval, size and number)

32. ACID, SHOT, FRACTURE, CEMENT, FREEZE, ETC.
DEPTH INTERVAL (MD)
WELL AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (<i>Flowing, gas lift, pumping—size and type of pump</i>)				WELL STATUS (<i>Producing or shut-in</i>)	
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 GRAVITY-API (CORR.)

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

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Open hole logs.

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

SIGNED

R. L. Hamm, Jr.

TITLE Production Supt.

DATE 1/23/76

*(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 (dieters, 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 12: Locations 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: "Seals 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 23 above.)

37. SUMMARY OF FORMER ZONES			38. GEOLOGIC MARKERS		
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CURED 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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Caliche, Sand, & Gravel	0'	200'	Top salt		470'
Red Bed	200'	470'	Base Salt		1995'
Salt & Anhydrite	470'	1995'	Del. Black shale		1995'
Black Shale	1995'	2250'	Top Delaware		2250'
Lime & Shale	2250'	2395'	Top Old		
Sand & Shale	2395'	3380'	Indian Draw pay		3174'