

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

5. LEASE DESIGNATION AND SERIAL NO.

LC 060613

JUN 03 '88

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

O. C. D.

7. UNIT AGREEMENT NAME ARTESIA, OFFICE

Big Eddy Unit

8. FARM OR LEASE NAME

Big Eddy Unit

9. WELL NO.

105

10. FIELD AND POOL, OR WILDCAT

Undes. Delaware

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

SE/NE

Unit H, Sec. 10-T22S-R28E

12. COUNTY OR
PARISH

Eddy

13. STATE

New Mexico

15. DATE SPUNDED

RECOMPLETION
12-6-84

16. DATE T.D. REACHED

-

17. DATE COMPL. (Ready to prod.)

12-23-84

18. ELEVATIONS (DT, EBB, RT, GR, ETC.)*

3136' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

6135'

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

5770'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

0-6135'

CABLE TOOLS

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

3631-3862'; 5548-5608' Delaware

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL/FDC; DLL

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"	24#	371'	12-1/4"	200 SX	
5-1/2"	15.5#	6129'	7-7/8"	750 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	5301'	

31. PERFORATION RECORD (Interval, size and number)

3631-3862' w/36 .42" holes (original perfs)
5548-5608' w/15 .42" holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5548-5608'	SE w/30000 g. gel KCL + Methanol 70% Quality Foam, 22500# 20/40 & 20000# 12/20 sd.

33.* PRODUCTION

DATE FIRST PRODUCTION 12-17-84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 12-23-84	HOURS TESTED 24	CHOKE SIZE Open	PROD'N. FOR TEST PERIOD →	OIL—BBL. 102	GAS—MCF 75 (est)	WATER—BBL. 200	GAS-OIL RATIO 735/1
FLOW. TUBING PRESS. —	CASING PRESSURE —	CALCULATED 24-HOUR RATE →	OIL—BBL. 102	GAS—MCF. 75 (est)	WATER—BBL. 200	OIL GRAVITY-API (CORR.) 42°	

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

Vented

TEST WITNESSED BY

Frank Yates, Jr.

35. LIST OF ATTACHMENTS

ACCEPTED FOR RECORD

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

SJS

SIGNED

TITLE Production Supervisor

DATE

12-7-85 1988

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

CARLSBAD, NEW MEXICO

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.)

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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Delaware Cherry Canyon Bone Springs	2626 3634 6070	