

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other in-
structions on
reverse side)Form approved
Budget Bureau 7/12/665. LEASE DESIGNATION AND SERIAL NO.
LC 071066

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
~~Hanson Federal (M)~~8. FARM OR LEASE NAME
Hanson Federal

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

Brushy Draw (Delaware)

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

Sec 12, T26S, R29E

12. COUNTY OR
PARISH
Eddy13. STATE
New Mexico

19. ELEV. CASINGHEAD

WELL COMPLETION OR RECOMPLETION REPORT AND LOG
RECEIVED1a. 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

Curtis Hankamer

3. ADDRESS OF OPERATOR

9039 Katy Freeway, Suite 430, Houston, Texas 77024

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

At surface 458' FSL and 744' FWL

At top prod. interval reported below " "

At total depth " "

14. PERMIT NO.

n/a

DATE ISSUED

12-22-81

15. DATE SPUDDED

1-21-82

16. DATE T.D. REACHED

2-6-82

17. DATE COMPL. (Ready to prod.)

3-10-82

18. ELEVATIONS (OF, RAB, RT, GR, ETC.)*

3008' GR

20. TOTAL DEPTH, MD & TVD

3268'

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

3249'

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)*

3213.5 - 3232' Delaware

25. WAS DIRECTIONAL
SURVEY MADE

yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Schlumberger Sonic Log

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
7"	20#	450'	9 5/8"	200 sx C1 C	none
4 1/2"	10.5#	3249'	6 1/8"	350 gal mud flush	none
				50 sx C1 C, 3% econcite	Halid 9
				25 sx C1 C, 50/50 poz, 18% salt	5 sx gilsinite

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	3200'	NONE

31. PERFORATION RECORD (Interval, size and number)

3213.5 - 3214

3219.5 - 3221

3231 - 3232'

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

DEPTH INTERVAL (MD)

3213.5 - 3232'

AMOUNT AND KIND OF MATERIAL USED

2000# 20/40 sand

1500 gal 15% spearhead
acid

33. PRODUCTION

DATE FIRST PRODUCTION

3-10-82

PRODUCTION METHOD (Flowing, gas lift, pumping size and type of pump)

pumping

WELL STATUS (Producing or
shut-in) producing

DATE OF TEST

3-15-82

HOURS TESTED

24

CHOKE SIZE

NONE

PROD'N. FOR
TEST PERIOD

OIL—BBL.

GAS—MCF

WATER—BBL

GAS OIL RATIO

FLOW, TUBING PRESS.

NONE

CASING PRESSURE

NONE

CALCULATED
24-HOUR RATE

OIL—BBL.

GAS—MCF

WATER—BBL

OIL GRAVITY API (CORR 1)

36

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

No market - vented

35. LIST OF ATTACHMENTS

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

SIGNED

TITLE

Agent

4-20-82

DATE

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

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 information should be submitted.

tion and pressure tests, and directional surveys, 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 20 and 23.

For each additional interval to be separately produced, showing the additional data pertinent to such interval, item 29: "Sack's Commentary". Attached commentary should be submitted with the report.

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	39. CORRELATION			
TOP Surface 1320 2968' 3075 3213	BOTTOM 1320 2968 3075 3213 3232	DESCRIPTION, CONTENTS, ETC. Redbed and Anhydrite Anhydrite Black Lime Lime & Shale Sandy Lime	NAME	MEAS. DEPTH	TRUE VERT. DEPTH