

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

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 <u>Re-entry</u>
2. NAME OF OPERATOR <u>Lario Oil & Gas Company</u>						AUG 08 1983	
3. ADDRESS OF OPERATOR <u>5013 Andrews Highway, Odessa, Texas 79762</u>						O.C.D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements): At surface <u>1980 from North and East Lines</u> <u>ARTESIA, OFFICE</u> At top prod. interval reported below At total depth						11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA <u>Sec. 22, T-25-S, R-25-E</u>	
14. PERMIT NO.				DATE ISSUED <u>5-25-83</u>		12. COUNTY OR PARISH <u>Eddy</u>	
15. DATE SPUDDED				16. DATE T.D. REACHED		13. STATE <u>New Mexico</u>	
17. DATE COMPL. (Ready to prod.)				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <u>KB-3519, DF-3518-GL-3501</u>		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
		<u>Plug and abandoned</u>				ROTARY TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>None</u>						25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>Pipe Analysis log</u> <u>Schlumberger Cement Bond Log/Variable Density, Gamma Ray Neutron</u>						27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
10-3/4		40.4		1820		14-3/4	
7-5/8		26.4		8700		9-1/2	
						CEMENTING RECORD	
						1568 sacks	
						8700 sacks	
						AMOUNT PULLED	
						-0-	
						-0-	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
						SCREEN (MD)	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
-0-		-0-					
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							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>[Signature]</u>		TITLE <u>Area Prod. Supt.</u>				DATE <u>8-4-83</u>	

*(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 38, 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
Atoka	10532	10617	Drill Stem Test: 10532 to 10617. Loaded drill pipe w/1000# of nitrogen cushion. Calculated pressures- top chart-IHP 5628.3, IF 1479.3, FF 556.1. ISI 556.1- 60 mins. FFSIP 4660.5. Second Flow- IF 115.5 120 mins. FF 171.0. ISIP 161- 240 mins, FSIP 4979, FHP 5618.5. Second Chart- IHP 5673.6, IF 1395.0, FF 579.4. ISIP 579.4, FSIP 4701.3, IF 143.9, FF 184.2. ISIP 184.2, FSIP 4998.5, FHP 5667.7. Recovered 248' gas cut drilling fluid, Gas to surface in 4 mins into second flow.	Canyon Bush Canyon Bone Spring Wolfcamp Strawn Atoka Morrow	2470 3294 5028 7952 9950 10110 10390	