

UNITED STATES

SUBMIT IN DUPLICATE

Form approved,
Budget Bureau No. 42-R355.5.

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other In-
structions on
reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC. T. R. M., OR BLOCK AND SURVEY
OR AREA12. COUNTY OR
PARISH

13. STATE

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. REINFR. ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

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

At surface 330' FSL + 1980' FWL OF SECTION LETTER N.

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready for production)

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY*

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

26. TYPE ELECTRIC AND OTHER LOGS RUN

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	36	1020'	12 1/4"	400 "C" W/ADDITIVES	NONE
7"	23	6371'	8 3/4"	400 "H" W/ADDITIVES	NONE

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
NONE					2 7/8"	SN @ 6072'	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
6050' - 6080' 4" GUN - JRC-SSB II CHARGES - 18 HOLES.		DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED	
6030' - 6040' 4" GUN - JRC-SSB II CHARGES - 6 HOLES.		NONE	

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
12-5-82		PUMPING 2 1/2" X 1 3/4" X 20' X 21'				PRODUCING	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-17-82	24	—	—	50	20	200	400
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
—	20	—	50	20	200	22.0	

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

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 26. P. Murthy, Jr. TITLE MINERALS MANAGEMENT SERVICE DATE Dec. 19, 1982

*(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 (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:			38. GEOLOGIC MARKERS		TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	
DST No. 1 THRU 11 PREVIOUSLY REPORTED. CORES No. 1 THRU 5 PREVIOUSLY REPORTED.				T/SALT	1206'
				B/SALT	3939'
				T/DELAWARE LN	4172'
				T/RAMSEY SD	4206'
				T/BONE SPRINGS	8170'