

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42-R365.5.

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. REVR. ☐ Other ☐

2. NAME OF OPERATOR
GP II Energy, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 50682, Midland, Texas 79710

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 1610' FNL, 1650' FEL
At top prod. interval reported below 4898' Williamson Sand
At total depth 5035'

14. PERMIT NO. NSP -1603
DATE ISSUED 9-12-90

15. DATE SPUNDED 10-27-90
16. DATE T.D. REACHED 11-11-90
17. DATE COMPL. (Ready to prod.) 1-2-91

18. ELEVATION (OF RKB, RT, OR, ETC.) 2877.6 GL
19. ELEV. CASINGHEAD 2878'

20. TOTAL DEPTH, MD & TVD 5035'
21. PLUG BACK T.D., MD & TVD 5031'

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

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4898'-4970' Williamson Sand

25. TYPE ELECTRIC AND OTHER LOGS RUN
CNL GR

26. CASING RECORD (Report all strings set in well)
CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD) HOLE SIZE CEMENTING RECORD: AMOUNT CURED
8 5/8" 24# 384' 12 1/4" 250 sacks Class C None
4 1/2" 11.60# 5035' 7 7/8" First stage 415 sacks
Second stage 785 sacks Cl.C None

27. LINER RECORD
SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD)

28. TUBING RECORD
SIZE DEPTH SET (MD) PACKER SET (MD)
2 3/8 4850

29. PERFORATION RECORD (Interval, size and number)
4898' - 4970' 3/8 16

30. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED
4898' - 4970' 1000 gal. 15% NEFF
Frac 41,000 gal. gel
150,000# 12/20 sand.

31. PRODUCTION
DATE FIRST PRODUCTION 1-6-91
PRODUCTION METHOD (Flooding, gas lift, pumping—size and type of pump) Pump 2X1 1/2 X16 insert

32. DATE OF TEST 1-8-91
HOURS TESTED 24
CHOKE SIZE
PROD'N. FOR TEST PERIOD
OIL—BBL. 25
GAS—MCF. TSTM

33. FLOW, TUBING PRESS. 60
CASING PRESSURE
CALCULATED 24-HOUR RATE
OIL—BBL. 25
GAS—MCF. TSTM

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
WATER—BBL. 155
OIL GRAVITY API (CORR.) 36.3

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 Nancy King TITLE Agent

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

Amended

SJS
CARLSBAD NEW MEXICO

5. LEASE DESIGNATION AND SERIAL NO.
LC - 065928 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Littlefield BO Federal

9. WELL NO. 5

10. FIELD AND POOL, OR WILDCAT
Brushy Draw Delaware

11. SEC. T. R. M. OR BLOCK AND SURVEY
Lot 11
Sec. 34 T-26S R 29E

12. COUNTY OR PARISH Eddy
13. STATE New Mexico

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SIGNED Nancy King TITLE Agent

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

34. Amended

35. SJS
CARLSBAD NEW MEXICO

36. ACCEPTED FOR RECORD
DATE 1-18-91
FEB 6 1991

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.), formations 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. 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: CORDED 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	DESCRIPTION, CONTENTS, ETC.
Lamar	2865'	2879'	Sand
Ramsey	2900'	2957'	Sand
Williamson	4886'	4991'	Sand
No DST or Cords			

38. GEOLOGIC MARKERS

NAME	NEAR. DEPTH	TRUE VERT. DEPTH
Lamar		2868
Ramsey		2900
Ford		2970
New-Tex		3636
Red Bluff		3716
Cherry Canyon		3934
Abbey Sand		4190
Bison Mallow		4484
Williamson		4886
Brushy Canyon		5012

**RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION**

Form W-12
(1-1-71)

RECEIVED

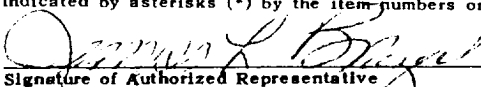
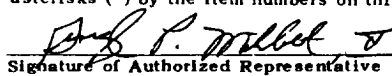
INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)			
1. FIELD NAME (as per RRC Records or Wildcat)		2. LEASE NAME Littlefield BO Federal	
3. OPERATOR GP Energy II		7. RRC Lease Number. (Oil completions only)	
4. ADDRESS Box 50682, Midland, Texas 79710		8. Well Number 5	
5. LOCATION (Section, Block, and Survey)		9. RRC Identification Number (Gas completions only)	
		10. County Eddy	

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
114	114	3/4	1.31	1.49	1.49
375	261	1 1/2	2.63	6.86	8.35
770	395	2	3.50	13.83	22.18
1020	250	2	3.50	8.75	30.93
1266	246	1 3/4	3.06	7.53	38.46
1543	277	2 3/4	4.81	13.32	51.78
1604	61	2 1/2	4.38	2.67	54.45
1786	182	2 1/2	4.38	7.97	62.42
1942	156	2	3.50	5.46	67.88
2097	155	2	3.50	5.43	73.31
2251	154	1 1/4	2.19	3.37	76.68
2751	500	1 3/4	3.06	15.30	91.98
3204	453	1	1.75	7.93	99.91
3697	493	3/4	1.31	6.46	106.37
4192	495	3/4	1.31	6.48	112.85
4682	490	1 1/4	2.19	10.73	123.58

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 4682 feet = 123.58 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? no
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.  Signature of Authorized Representative James L. Brazeal - President Name of Person and Title (type or print) Brazeal, Inc d/a/b CapStar Drilling Name of Company Telephone: <u>214/ 727-8367</u> Area Code	OPERATOR CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.  Signature of Authorized Representative George P. Mitchell, II Name of Person and Title (type or print) GP II ENERGY, INC. Operator Telephone: <u>915 684-4748</u> Area Code
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Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

RECEIVED

1. oil well ☒ gas well ☐ other

FEB - 7 1991

2. NAME OF OPERATOR
GP II Energy, Inc.

O. C. D.
ARTESIA, OFFICE

3. ADDRESS OF OPERATOR
P. O. Box 50682 Midland, TX 79710

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1610' FNL & 1650' FEL
AT TOP PROD. INTERVAL: 4898' Williamson Sand
AT TOTAL DEPTH: 5035'

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☒
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

☐
☐
☐
☐
☐
☐
☐
☐

(other) change operator from George H. Mitchell

5. LEASE
LC-065928 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Littlefield B0 Federal

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Brushy Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Lot 11
Sec. 34 T 26S R 29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2877.6' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spudded well 10-27-90 set 8 5/8 surface casing 384' 250 sacks class C cement
10-28-90 circulated to surface
11-10-90 reached T.D. 5035' set 4 1/2 casing D.V. tool 3475' cement 1st stage
415 sacks 2nd stage 785 sacks top cement 795' from surface
11-16-90 perforate 4898'-4970' 16 holes acidize 1000 gal. 15% NEFE frac 41,000
gal, 150,000 #12-20 sand

Subsurface Safety Valve: Manu. and Type Weatherford

18. I hereby certify that the foregoing is true and correct

SIGNED George H. Mitchell, Jr. TITLE President

DATE 2-1-91

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE ACCEPTED FOR RECORD

FEB 6 1991

SJS

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

c/s F

RECEIVED
FEB 4 1991
3475
Set @
8 43 AM '91
CARLSBAD AREA OFFICE