

FORM APPROVED  
OMB No. 1004-0137  
Expires: November 30, 2000

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                                                                                                                                                                                                                                                                                                                                                                                              |  |                                            |                                                                               |                                                                                                                                                                                                                                                                                                                              |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other<br>b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr.<br>Other _____ |  |                                            |                                                                               | 6. If Indian, Allottee or Tribe Name                                                                                                                                                                                                                                                                                         |                                                               |
| 2. Name of Operator <b>ARCO PERMIAN</b> Contact: <b>AMY T. SPANG</b><br>E-Mail: <b>amy.t.spang@bp.com</b>                                                                                                                                                                                                                                                                                    |  |                                            |                                                                               | 7. Unit or CA Agreement Name and No.                                                                                                                                                                                                                                                                                         |                                                               |
| 3. Address <b>200 WESTLAKE PARK BLVD, RM. 266<br/>HOUSTON, TX 77079</b>                                                                                                                                                                                                                                                                                                                      |  |                                            | 3a. Phone No. (include area code)<br><b>Ph: 281.366.7655 Fx: 281.366.7688</b> |                                                                                                                                                                                                                                                                                                                              | 8. Lease Name and Well No.<br><b>WEST BRUSHY FEDERAL 8, 1</b> |
| 4. Location of Well (Report location clearly and in accordance with Federal requirements)*<br><br>At surface <b>NENE 660FNL 330FEL</b><br><br>At top prod interval reported below <b>NENE 660FNL 330FEL</b><br><br>At total depth <b>NENE 660FNL 330FEL</b>                                                                                                                                  |  |                                            |                                                                               | 9. API Well No. <b>SI</b><br><b>30-015-31675</b>                                                                                                                                                                                                                                                                             |                                                               |
| 10. Field and Pool, or Exploratory<br><b>BRUSHY DRAW (DELAWARE)</b>                                                                                                                                                                                                                                                                                                                          |  |                                            |                                                                               | 11. Sec., T., R., M., or Block and Survey<br>or Area <b>Sec 8 T26S R29E Mer NMP</b>                                                                                                                                                                                                                                          |                                                               |
| 12. County or Parish<br><b>EDDY</b>                                                                                                                                                                                                                                                                                                                                                          |  |                                            |                                                                               | 13. State<br><b>NM</b>                                                                                                                                                                                                                                                                                                       |                                                               |
| 14. Date Spudded<br><b>06/23/2001</b>                                                                                                                                                                                                                                                                                                                                                        |  | 15. Date T.D. Reached<br><b>07/08/2001</b> |                                                                               | 16. Date Completed<br><input type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod.<br><b>07/23/2001</b>                                                                                                                                                                                                            |                                                               |
| 17. Elevations (DF, KB, RT, GL)*<br><b>2918 GL</b>                                                                                                                                                                                                                                                                                                                                           |  |                                            |                                                                               | 18. Total Depth: MD<br><b>TVD 5475</b>                                                                                                                                                                                                                                                                                       |                                                               |
| 19. Plug Back T.D.: MD<br><b>TVD</b>                                                                                                                                                                                                                                                                                                                                                         |  |                                            |                                                                               | 20. Depth Bridge Plug Set: MD<br><b>TVD</b>                                                                                                                                                                                                                                                                                  |                                                               |
| 21. Type Electric & Other Mechanical Logs Run (Submit copy of each)<br><b>DNL, DLL MICRO SFL</b>                                                                                                                                                                                                                                                                                             |  |                                            |                                                                               | 22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)<br>Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)<br>Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) |                                                               |

## 23. Casing and Liner Record (Report all strings set in well)

[illegible]

## 24. Tubing Record

| Size  | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) |
|-------|----------------|-------------------|------|----------------|-------------------|------|----------------|-------------------|
| 2 875 | 5312           |                   |      |                |                   |      |                |                   |

## 25. Producing Intervals

| Formation   | Top  | Bottom | Perforated Interval | Size  | No. Holes | Perf. Status |
|-------------|------|--------|---------------------|-------|-----------|--------------|
| A) DELAWARE | 5222 | 5300   | 5222 TO 5300        | 3.330 |           |              |
| B)          |      |        |                     |       |           |              |
| C)          |      |        |                     |       |           |              |
| D)          |      |        |                     |       |           |              |

ACCEPTED FOR RECORD

## 27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

| Depth Interval | Amount and Type of Material       | Date                |
|----------------|-----------------------------------|---------------------|
| 5222 TO 5300   | FRAC W/ 2000 GAL 15% ACID. 146300 | 20/40 SNAUG 21 2001 |
|                |                                   |                     |
|                |                                   | ALEXIS C. SWOBODA   |

## 28. Production - Interval A

|                                   |                                |                     |                                                                                                        |                 |                |                    |                                  |                    |                                            |
|-----------------------------------|--------------------------------|---------------------|--------------------------------------------------------------------------------------------------------|-----------------|----------------|--------------------|----------------------------------|--------------------|--------------------------------------------|
| Date First Produced<br>08/01/2001 | Test Date<br>08/02/2001        | Hours Tested<br>24  | Test Production<br> | Oil BBL<br>21.0 | Gas MCF<br>0.0 | Water BBL<br>207.0 | Oil Gravity<br>Corr. API<br>36.4 | Gas Gravity        | Production Method<br>ELECTRIC PUMPING UNIT |
| Choke Size                        | Tbg. Press.<br>Flwg. 400<br>SI | Csg. Press.<br>35.0 | 24 Hr. Rate<br>     | Oil BBL         | Gas MCF        | Water BBL          | Gas:Oil Ratio                    | Well Status<br>POW |                                            |

28a. Production - Interval B

|                     |                            |              |                      |         |         |           |                          |                    |                   |
|---------------------|----------------------------|--------------|----------------------|---------|---------|-----------|--------------------------|--------------------|-------------------|
| Date First Produced | Test Date                  | Hours Tested | Test Production<br>▲ | Oil BBL | Gas MCF | Water BBL | Oil Gravity<br>Corr. API | Gas Gravity<br>API | Production Method |
| Choke Size          | Tbg. Press.<br>Flwg.<br>SI | Csg. Press.  | 24 Hr. Rate<br>▲     | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio            | Well Status        |                   |

(See Instructions and spaces for additional data on reverse side)

**ELECTRONIC SUBMISSION #6360 VERIFIED BY THE BLM WELL INFORMATION SYSTEM**

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

|                         |                   |
|-------------------------|-------------------|
| Gage<br>Grade<br>Weight | Production Method |
| Well Status             | (Empty)           |

AUG 2001  
 RECEIVED  
 OCD - ARTESIA  
 ORIGINAL \*\* ORIGINAL \*\*

EC