

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		7. UNIT AGREEMENT NAME _____	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME _____	
2. NAME OF OPERATOR _____		9. WELL NO. _____	
3. ADDRESS OF OPERATOR _____		10. FIELD AND POOL, OR WILDCAT _____	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1850' from the XXXXXX South Line 790' At top prod. interval reported below From the East Line of Sec. 26 At total depth _____		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 26 Twn, 26 North 4 West NMPM	
14. PERMIT NO. _____ DATE ISSUED _____		12. COUNTY OR PARISH _____ 13. STATE _____	
15. DATE SPUDDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) _____		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* _____ 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 _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3556- 3606		25. WAS DIRECTIONAL SURVEY MADE _____	
26. TYPE ELECTRIC AND OTHER LOGS RUN Radioactivity Gamma Ray- Neutron		27. WAS WELL CORED _____	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	32.0	171	15"
5 1/2"	15.50	3709	7 7/8"
		CEMENTING RECORD	
		100 sacks of reg. 2% Ca Cl ₂	
		135 Sacks of 50-50 proz	
		mix 4% gel tailed in	
		40 ex of reg. w/ 2% Ca Cl ₂	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
		SCREEN (MD)	
		30. TUBING RECORD	
		SIZE	DEPTH SET (MD)
		1"	3445
		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
3556- 3576 2 Holes per foot 3592- 3606 Total of 68 1/2" holes		DEPTH INTERVAL (MD)	
		3556-3606	
		AMOUNT AND KIND OF MATERIAL USED	
		Sand and Water Free	
		75,000 Pounds of Sand	
		53,000 gallons of water	
33.* PRODUCTION			
DATE FIRST PRODUCTION _____		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____	
		WELL STATUS (Producing or shut-in) _____	
DATE OF TEST _____		HOURS TESTED _____	
CHOKE SIZE _____		PROD'N. FOR TEST PERIOD _____	
OIL—BBL. _____		GAS—MCF. _____	
WATER—BBL. _____		GAS-OIL RATIO _____	
FEW. TUBING PRESS. _____		CASING PRESSURE _____	
CALCULATED 24-HOUR RATE _____		OIL—BBL. _____	
		GAS—MCF. _____	
		WATER—BBL. _____	
		OIL GRAVITY-API (CORR.) _____	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____		TEST WITNESSED BY _____	
		Clyde Phillips	
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 _____	
DATE _____		DATE _____	

*** (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: 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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			Pictured Cliffs	3544	