

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions 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 _____
2. NAME OF OPERATOR OXY PETROLEUM INC.						5. LEASE DESIGNATION AND SERIAL NO. CONTRACT 152	
3. ADDRESS OF OPERATOR 5000 Stockdale Hwy., Bakersfield, California 93309						6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1100'/N and 790'/W At top prod. interval reported below same At total depth same						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						9. WELL NO. 9A	
DATE ISSUED						10. FIELD AND POOL, OR WILDCAT WILDCAT CHACRA	
15. DATE SPUDDED 01/16/79						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 6-26N-5W	
16. DATE T.D. REACHED 01/23/79						12. COUNTY OR PARISH RIO ARriba	
17. DATE COMPL. (Ready to prod.) 06/01/79						13. STATE NEW MEXICO	
18. ELEVATIONS (DF, RESB, RT, GR, ETC.)* 6513 GL						19. ELEV. CASINGHEAD 6514'	
20. TOTAL DEPTH, MD & TVD 5609		21. PLUG, BACK T.D., MD & TVD 5563		22. IF MULTIPLE COMPL., HOW MANY* 2		23. INTERVALS DRILLED BY ROTARY TOOLS 10-5609	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4118-30 CHACRA						25. WAS DIRECTIONAL SURVEY MADE YES	
26. TYPE ELECTRIC AND OTHER LOGS RUN IND-GR-FDC-SND-CCL-CBL						27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
9 5/8"		36		251		13 3/4	
7"		23		3367		8 3/4	
4.5"		10.5		5604		6 1/4	
29. LINER RECORD				30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
31. PERFORATION RECORD (Interval, size and number) 4118-30 0.4" id 12				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				4118-30			
				AMOUNT AND KIND OF MATERIAL USED			
				8500 gal 1¢ KCl wtr w/ 12000#			
				20-40 sand			
33.* PRODUCTION							
DATE FIRST PRODUCTION 05/16/79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type) FLOWING					
DATE OF TEST 06/02/79		HOURS TESTED INSTANT		CHOKE SIZE NONE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE TSTM		CALCULATED 24-HOUR RATE		OIL—BBL.	
						GAS—MCF. 75	
						WATER—BBL.	
						GAS-OIL RATIO	
						OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) VENTED						TEST WITNESSED BY ALEXANDER	
35. LIST OF ATTACHMENTS						JUN 25 1979	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from							
SIGNED		JOHN ALEXANDER		TITLE		AGENT	
						DATE June 29, 1979	

*(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
			CHACRA	4112	4112