

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

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
P.O. Drawer 570, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface (1) 1210' ES & 1610' EE

At top prod. interval reported below

At total depth

NOV 3 0 1984

BUREAU OF LAND MANAGEMENT

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
9/17/84	9/20/84	11/07/84	6232' KB	6219' GL

20. TOTAL DEPTH, MD & TVD 2920'	21. PLUG, BACK T.D., MD & TVD 2895'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS 0-2920'	CABLE TOOLS ---
------------------------------------	--	--------------------------------------	----------------------------------	-------------------------	--------------------

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	25. WAS DIRECTIONAL SURVEY MADE
2640'-2754'	Deviational

26. TYPE ELECTRIC AND OTHER LOGS RUN	27. WAS WELL CORED
CDL, GR-Induction Log, CBL and GR-Treatment Evaluation Log	No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#, K-55	217'	12-1/4"	**OTHER SIDE FOR CEMENT	PROGRAM**
2-1/2"	6.4#, J-55	2905'	6-3/4"	" " " "	"

29. LINER RECORD

DOWN RECORD					UP RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
---	----	-----	-----	-----	----	-----	-----

31. PERFORATION RECORD (Interval, size and number)

Pictured Cliffs - 13 holes

2640', 2646', 2652', 2660', 2687', 2696',
2702', 2708', 2716', 2722', 2730', 2738',
2754'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2640'-2754'	Fraced with 96,500 gals of 1% KCl slick water and 90,000# of 20/40 sand

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
11-18-84		Flowing				Shut-In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-18-84	3	3/4"	→	---	297	----	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
----	195	→	---	2372	----	----	

34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.)	TEST WITNESSED BY
To be sold	Richard Ramos

35. LIST OF ATTACHMENTS

ACCEPTED FOR RECORD

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE Secretary

DATE _____

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

FARMINGTON RESOURCE AREA

RV

Amoco

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.)

Item #28 8-5/8" casing cemented with 155 sacks (183 cu.ft.) of Class "B" with 1/4# cellophane per sack and
3% CaCl2. Plug down at 10:30 PM 9-17-84. Circ 10 bbls cmt to surface.

2-1/2" casing cemented with 400 sacks (516 cu.ft.) of Class "B" 50/50 Poz with 2% gel, 1/4# flocele
per sack and 5# salt per sack, tailed with 70 sacks (83 cu.ft.) of Class "B" Neat with 2% CaCl2.
Plug down at 3:30 PM 9-21-84. Good circ.

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
ESTIMATED						
Ojo Alamo	1462'					
Fruitland	2166'					
Pictured Cliffs	2614'					