

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
AMERICAN PETROFINA CO. OF TEXAS

3. ADDRESS OF OPERATOR
Box 2990, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 990 FNL, 2270 FWL, Sec. 30
At top prod. interval reported below
At total depth _____

5. LEASE DESIGNATION AND SERIAL NO.
NM 0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Horton Federal

9. WELL NO.
35

10. FIELD AND POOL, OR WILDCAT
Milnesand San Andres

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
30, T-8-S, R-35-E, NMPM

12. COUNTY OR PARISH
Roosevelt

13. STATE
New Mexico

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDED 10-15-84 16. DATE T.D. REACHED 10-22-84 17. DATE COMPL. (Ready to prod.) 2-6-85 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4228.8 DF, 4230 KB 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 4810 21. PLUG, BACK T.D., MD & TVD 4786 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0-4810 CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4652-4745 San Andres

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
LDI-CNL-NGT-DLL, BHC, EPT

27. WAS WELL CORED
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 | 446 | 12-1/4 | 300 sx. C1.C | - |
| 5-1/2 | 15.5 | 4809 | 7-7/8 | 1350 sx. HLC, 200 sx.C1.C | - |

29. LINER RECORD None 30. TUBING RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|-------|----------------|-----------------|
| | | | | | 2-7/8 | 4697 | |

31. PERFORATION RECORD (Interval, size and number of shots)
4652-4745 : 22 shots

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD) 4652-4745 AMOUNT AND KIND OF MATERIAL USED 3160 gal. 20% NEFE

ACCEPTED FOR RECORD
PETER W. CHESTER
APR 10 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

33.* DATE FIRST PRODUCTION 2-14-85 PRODUCTION PUMPING - 2" Insert WELL STATUS (Producing or shut-in) Producing

| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
|--------------|--------------|------------|-------------------------|----------|----------|------------|---------------|
| 2-27-85 | 24 | 2" | → | 17 | (1) | 245 | - |

| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) |
|---------------------|-----------------|-------------------------|----------|----------|------------|-------------------------|
| - | - | → | 17 | (1) | 245 | 27.1 |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY Curtis Allen

35. LIST OF ATTACHMENTS
2 log copies Neutron log, 2 deviation surveys.

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

SIGNED J. C. Chapman TITLE Assistant Dist. Mgr. of Prod. DATE 3-01-85

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: | | 38. GEOLOGIC MARKERS | |
|--|------|----------------------|-----------------------------|
| 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. |
| | | | NAME |
| | | | MEAS. DEPTH |
| | | | TRUE VERT. DEPTH |
| San Andres | 4650 | 4791 | Dolomite, Oil & Water |
| | | | San Andres |
| | | | Marker |

RECEIVED
APR 12 1985
 FEDERAL OFFICE