

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
Prudential Minerals Exploration Corp.

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **660' FSL & 660' FWL of Section 24**
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO.
NM-0381550-B

6. INDIAN OR TRIBAL TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. **Federal 24**

10. FIELD AND POOL, OR WILDCAT

11. **Under Pearl Queen**

12. **Sec. 24, T19S, R94E**
PARISH

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **5/11/70** 16. DATE T.D. REACHED **5/21/70** 17. DATE COMPL. (Ready to prod.) **P & A 5/23/70** 18. ELEVATIONS (DF, RKB, RT, GR) **3794' KB** 19. ELEV. CROWNHEAD **N.M.**

20. TOTAL DEPTH, MD & TVD **5105** 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS **O-TD** CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
None - dry hole

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS **yes** COBED
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	20#	359	12 1/4	250	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

None - dry hole

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
		PFA

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. 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 _____

35. LIST OF ATTACHMENTS
2 Copies Neutron Porosity & Laterolog

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

SIGNED Donna Holler TITLE Agent DATE 6/5/70

*(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		U.S.		GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Queen	4820	4850	opened tool for 20 min, very weak blow; closed tool 60 min; opened tool 30 min, no blow, very weak blow in 7 min; closed tool 60 min Rec 90' mud. IFP 1st flow 35#, 2nd flow 46#; FFP 1st flow 46#; 2nd flow 69#; SIP 1803 # & 1768#; HP 2601#	Salt Base Salt Yates Queen Grayburg	1930 3258 3310 4707 4820	
Grayburg	4966	5105	opened tool 21 min, weak blow; closed tool 58 min; opened tool 60 min, weak blow thruout test, no gas to surface; closed tool 61 min Rec. 680' mud. IFP 1st flow 106#, 2nd flow 212#; FFP 1st flow 191#, 2nd flow 372#; SIP 58 min 1310#, 60 min 1194# HP 2498#			