

UNITED STATES **FOR RECORD ONLY**
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT **HOBBS OGD**

5. LEASE SERIAL NO
LC-064756

6. IF INDIAN, ALLOTEES OR TRIBE NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a TYPE OF WELL ☐ Oil Well ☐ Gas Well ☐ Dry ☒ Other INJECTION

1b TYPE OF COMPLETION ☐ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff Resvr

7 UNIT OR CA AGREEMENT NAME

8	LEASE NAME AND WELL NO.
	R.T. Wilson Federal #1

2 NAME OF OPERATOR
AGUA SUCIA LLC

9. API WELL NO
30-015-05864

3 ADDRESS
5708 W. Austin, St., Broken Arrow, OK 74011

3A PHONE NO
918-704-2012

10 FIELD AND POOL, OR EXPLORATORY SWD; Delaware

4 LOCATION OF WELL (Report location clearly and in accordance with Federal requirements)*
At surface 1980' FSL & 660' FEL

11 SEC, T, R, M., OR BLOCK AND SURVEY
OR AREA
UL I, Sec. 24, T26S, R31E

At top prod. Interval reported below SAME

12 COUNTY	13 STATE
Eddy	NM

At total depth SAME

14 DATE SPURRED
6/4/56

15 DATE TO BE REACHED

16 DATE COMPLETED

17 ELEVATIONS (DF, RKB, RG, GL)*
3162' GL

18	TOTAL DEPTH, MD	4252'
	TVD	Same

19 PLUG BACK TD.	MD
	TVD

20 DEPTH BRIDGE PLUG SET MD
TVD

21 TYPE ELECTRIC & OTHER MECH LOGS RUN (Submit copy of each)

22 Was well cored? ☒ No ☐ Yes (Submit analysis)
 Was DST run? ☒ No ☐ Yes (Submit report)
 Directional Survey? ☒ No ☐ Yes (Submit copy)

23. CASING and LINER RECORD (Report all strings set in well)

Hole Size	Size/Grade	Wt (#/ft)	Top (MD)	Bottom (MD)	Stage Cmt Depth	No. of Sk. & Type of Cmt	Slurry Vol. (Bbl)	Cement Top*	Amount Pulled
	8 5/8"	24# 8Rd		985'		1100 sx			
	5 1/2"	14# 8Rd		4232'		300 sx			

24 Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2 3/8"	4225'	4225'						

25 Producing Intervals - INJECT

Formation	Top	Bottom	Perforated Interval	Size	No. of Holes	Perf Status
A) DELAWARE	4232	4252	OPEN HOLE			
B)						
C)						

26. Perforation Record

Perforated Interval	Size	No of Holes	Perf Status
OPEN HOLE			

27 Acid, Fracture, Treatment, Cement Squeeze, etc
Depth Interval

Depth Interval	Amount and Type of Material
4232-4252'	500 gals. mud acid followed with 3000 gals lease crude carrying 1/4" sand per gal.

28 Production – Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
		24							Injection - SI

Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate 	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status
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28a Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
									

Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status
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Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
			➡						
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			➡						
28c Production - Interval D									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
			➡						
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ration	Well Status	
			➡						

29 Disposition of Gas (Sold, used for fuel, vented, etc)

30 Summary of Porous Zones (Include Aquifers)

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem test, including depth interval tested, cushion used, time tool open, flow and shut-in pressures and recoveries.

Formation	Top	Bottom	Descriptions, Contents, etc
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31 Formation (Log) Markers

Name

Top
Meas Depth

32 Additional remarks (include plugging procedure):

33 Indicate which items have been attached by placing a check in the appropriate boxes

☐ Electrical/Mechanical Logs (1 full set req'd)

☐ Geologic Report

DST Report

☐ Directional Survey

☐ Sundry Notice for plugging and cement verification

□ Core Analysis

Other

34. Thereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) Debbie McKelvey

Title _____ AGENT

Signature Debbie M. Kelly

Date 11/13/11