

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.

5. LEASE DESIGNATION AND SERIAL NO.

NM-025503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ginsberg Federal

9. WELL NO.

#7

10. FIELD AND POOL, OR WILDCAT

Shugart

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 24, T-18S, R-30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL [] GAS WELL [] DRY [X] Other []

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

2. NAME OF OPERATOR Hanson Oil Corporation

3. ADDRESS OF OPERATOR P. O. Box 1515 - Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 990' FEL & 1650' FSL
At top prod. interval reported below Sec. 24, T-18-S, R-30-E, NMPM
At total depth Eddy County, New Mexico

14. PERMIT NO. DATE ISSUED 10-13-71

15. DATE SPUNDED 11-27-71 16. DATE T.D. REACHED 12-6-71 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, OR, ETC.)* 3631.8 GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 4120' 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-4120' ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN Densilog, Laterolog 27. WAS WELL CORED No

Table with 6 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Row 1: 8-5/8", 23#, 792', 11", 150 sx., None

Table with 6 columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD)

Table with 2 columns: PERFORATION RECORD (Interval, size and location) and ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. Includes RECEIVED stamp dated DEC 17 1971.

33.* ARTESIAN, OFFSHORE PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) ALL STATUS (Producing or shut-in)

Table with 8 columns: DATE OF TEST, HOURS TESTED, CHOKE SIZE, PROD'N. FOR TEST PERIOD, OIL—BBL., WATER—BBL., GAS—MCF., OIL GRAVITY-API (CORR.)

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

35. LIST OF ATTACHMENTS 2 copies of Logs

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records SIGNED: Gerald E. Hammond TITLE: Geologist DATE: 12-7-71

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

IMPROVED

RECEIVED stamp

U.S. GEOLOGICAL SURVEY ARTESIAN NEW MEXICO stamp

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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
38. GEOLOGIC MARKERS						
			Anhydrite	521		
			Salt	754		
			Base of Salt	1808		
			Yates	2013		
			Queen	3164		
			Penrose	3410		
			Grayburg	3616		