

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

C/SF

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM32325	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBAL LAND ---	
2. NAME OF OPERATOR STEVENS OPERATING CORPORATION		7. UNIT AGREEMENT NAME ---	
3. ADDRESS OF OPERATOR P. O. BOX 2408, ROSWELL, NM 88201		8. FARM OR LEASE NAME Melvin Fred Co., C.D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL, 1980' FWL, Sec 29, T6S, R-23E At top prod. interval reported below same At total depth same		9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Wildcat, Abo	
15. DATE SPUDDED 8-15-81		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 29, T6S, R23E	
16. DATE T.D. REACHED 11-27-81		12. COUNTY OR PARISH Chaves	
17. DATE COMPL. (Ready to prod.) 12-20-81		13. STATE NM	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 4059 GL		19. ELEV. CASINGHEAD 4059 GL	
20. TOTAL DEPTH, MD & TVD 3492		21. PLUG, BACK T.D., MD & TVD 3492	
22. IS MULTIPLE-COMPLETION? ☒ YES ☐ NO		23. INTERVALS DRILLED BY 1005-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) 2872, 2924, Abo		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL, DLL		27. WAS WELL CORED No	
28. CASING RECORD (Report all intervals set in well)			
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13 3/8"		46'	
8 5/8"	24.0	1005	12 1/4"
4 1/2"	10.5	3494	7 7/8"
			200 sks C1 C
			430 sks C1 H, 10/8 Self Stress
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8"	2788'	2788'	
31. PERFORATION RECORD (Interval, size and number)			
2872, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 91, 92, 93, 94, 2913, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 28, 28.5			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2872-2924		2500 gal 15%, 30 - 7/8 spereseals	
28.5		32500# 20/40 mesh sand, 75% N ₂	
33. PRODUCTION			
DATE FIRST PRODUCTION SI/WOPL		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Shut-in			
DATE OF TEST 12-20-81	HOURS TESTED 24	CHOKE SIZE 10/64	PROD'N. FOR TEST PERIOD ---
OIL—BBL. ---	GAS—MCF. 182	WATER—BBL. ---	GAS-OIL RATIO ---
FLOW. TUBING PRESS. 443	CASING PRESSURE 480	CALCULATED 24-HOUR RATE ---	OIL—BBL. ---
GAS—MCF. 182	WATER—BBL. ---	OIL GRAVITY-API (CORR.) ---	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) SI/WOPL			
35. LIST OF ATTACHMENTS CNL, DLL			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>Rex Thompson</i>		TITLE <i>Production Coordinator</i>	
DATE <i>3/9/82</i>			

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

RECEIVED

APR 2 1982

U.S. GEOLOGICAL SURVEY
MAR 10 1982

Posted ID-2
+ Comp Book
55
4-9-82

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, 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.

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.

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), do state in Item 22, and in Item 24 show the producing intervals, 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.

22: "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.	38. GEOLOGIC MARKERS	
San Andres	0	815	Red Beds		NAME	MEAS. DEPTH
Glorietta	815	2257	Limestone		San Andres	0
Tubb	2257	2823	Shale, Anyhdrite		Glorietta	815
Abo	2823	3500	Red Shale, Anyhdrite		Tubb	2257
					Abo	2823



PHONES (505) 746-3596 (505) 746- 6520
BOX 271 - ARTESIA NEW MEXICO 88210

RECEIVED

WELL NAME AND NUMBER Melvin Federal ^{Com} #1 NOV 2 1981

LOCATION 1980' FNL & ¹⁹⁸⁰ ~~1880~~' FWL - Section ²¹ ~~20~~, T-6-S, R-23-E O. C. D.

OPERATOR Fred Pool, Jr. Box 1300, Clovis Star Route, Roswell, New Mexico 88201 ARTESIA OFFICE

The undersigned hereby certifies that he/she is an authorized representative of Collier Drilling Corp. and that the following information as set forth by the drillers for Collier Drilling Corp. on their Survey of Directional Drilling is true and correct to the best of his/her information and belief.

By J. E. De Munn
Title Drilling Superintendent

Subscribed and sworn to before me this 28th day of October, 1981

1-4-83
My commission expires

Rhonda K. Parrish
Notary Public

