

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
ARTESIA, NM 88210SUBMIT IN DUPLICATE
ATTN: SECTION
Instructions on reverse sideForm approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other DEC 11 1981b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other O.C.D.

2. NAME OF OPERATOR

Stevens Operating Corporation

ARTESIA, OFFICE

3. ADDRESS OF OPERATOR

P. O. Box 2203, Roswell, New Mexico 88201

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

At surface 660' S, 660'E, Sec. 29-7S-26E

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

Chaves

13. STATE

NM

15. DATE SPUDDED

9-27-81

16. DATE T.D. REACHED

10-11-81

17. DATE COMPL. (Ready to prod.)

11-5-81

18. ELEVATIONS (DF, REB, ET, OR, ETC.)*

3668' GL

19. ELEV. CASINGHEAD

3668' GL

20. TOTAL DEPTH, MD & TVD

4400'

21. PLUG BACK T.D., MD & TVD

4400'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-TD

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

4117 - 4136 Abo

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL/FDC, DLL/MSFL

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
9 5/8"	36#	850'	12 1/4"	700 sx 65-35, 200 Class C	
4 1/2"	10.5#	4400'	7 7/8"	200 sx self stress	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	4036'	4036'

31. PERFORATION RECORD (Interval, size and number)

4117, 17.5, 18, 20, 20.5, 21, 23.5,
24, 24.5, 28.5, 29, 32, 32.5, 33, 35.5, 36

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4117-4136	3500 gals 7 1/2% HCL, 1200 SCF N ₂
" "	Frac 40,000 gals 75% foam,
	596,000 SCF N ₂ , 60,000# 20-40 sand.

33.*

PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

SI/WO Pipeline

Flowing

SI/WO Pipeline

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-7-81	24	---	→	---	CAOF 3381	---	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
417	560	→	---	CAOF 3381	---	---	

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

SI/WO Pipeline Connection

TEST WITNESSED BY

Mike Vowell

35. LIST OF ATTACHMENTS

CNL/FDC, DLL/MSFL

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

SIGNED

TITLE

President

DATE

11-19-81

*(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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
San Andres	0	600	Red Sand, Shale, Anhydrite	San Andres	600	
Glorietta	600	1713	Limestone, Dolomite	Glorietta	1713	
Tubb	1713	3131	Sandstone, Anhydrite, Dolomite	Tubb	3131	
Abo	3131	3835	Sandstone, Dolomite, Salt	Abo	3835	
	3835	4400	Red Sand, Shale			