

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

SUBMIT IN DUPLICATE:
NM OIL CONS. Mission
Drawer DD (other in-
structions on
reverse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 14472																																					
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. CESVR. <input type="checkbox"/> Other <input checked="" type="checkbox"/> Plug RECEIVED		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Agua Negra																																					
2. NAME OF OPERATOR Cibola Energy Corporation ✓		7. UNIT AGREEMENT NAME Agua Negra																																					
3. ADDRESS OF OPERATOR P.O. Box 1668, Albuquerque, New Mexico 87103		8. FARM OR LEASE NAME Agua Negra																																					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 990' FWL & 1980' FWL At top prod. Interval reported below At total depth		9. WELL NO. 1																																					
14. PERMIT NO. _____ DATE ISSUED NOV 24 1982		10. FIELD AND POOL, OR WILDCAT Wildcat-Silvaco																																					
11. DATE SPUDDED 11-30-81		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 8-9S-28E																																					
12. DATE T.D. REACHED 3-9-82		12. COUNTY OR PARISH Chaves																																					
13. DATE COMPL. (Ready to prod.) P&A 10-18-82		13. STATE New Mexico																																					
14. OIL & GAS PRODUCTION (DP, RKB, RT, GR, ETC.)* MINERALS MGMT. SERVICE		14. ELEV. CASINGHEAD 521-8183'																																					
15. TOTAL DEPTH, MD & TVD 8183'		15. PLUG, BACK T.D., MD & TVD 8140'																																					
16. IF MULTIPLE COMPLETIONS HOW MANY* ROSWELL, NEW MEXICO		16. ROTARY TOOLS 521-8183'																																					
17. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		17. CABLE TOOLS 0-521'																																					
18. TYPE ELECTRIC AND OTHER LOGS RUN Prolog, Dual Laterolog Micro Laterolog, Densilog Neutron, BHC Acoustilog		18. WAS DIRECTIONAL SURVEY MADE																																					
19. CASING RECORD (Report all strings set in well)		19. WAS WELL CORED																																					
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21. PERFORATION RECORD (Interval, size and number) 6646-50', 54-58', 66-72', 76-84', 86-90', 94-96', 6700-12', 38-44', 46-56', 82-86', 88-96', (June, 1982). 7348-54', 2 shots per foot 8104-8114', 2 shots per foot		21. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DEPTH INTERVAL (MD)</th> <th>AMOUNT AND KIND OF MATERIAL USED</th> </tr> </thead> <tbody> <tr> <td>6646-96', 6700-96'</td> <td>13,000 gallons 28% acid</td> </tr> <tr> <td>7348-54'</td> <td>1,200 gallons 7 1/2% HCL</td> </tr> <tr> <td>8104-8114'</td> <td>2,000 gallons 7 1/2% HCL</td> </tr> </tbody> </table>		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	6646-96', 6700-96'	13,000 gallons 28% acid	7348-54'	1,200 gallons 7 1/2% HCL	8104-8114'	2,000 gallons 7 1/2% HCL																												
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22. PRODUCTION		22. WELL STATUS (Producing or shut-in) Plug and Abandon																																					
DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____		DATE OF TEST _____ HOURS TESTED _____																																					
CHOKE SIZE _____ PROD'N. FOR TEST PERIOD _____		OIL—BBL. _____ GAS—MCF. _____																																					
FLOW. TUBING PRESS. _____ CASING PRESSURE _____		WATER—BBL. _____ GAS-OIL RATIO _____																																					
CALCULATED 24-HOUR RATE _____		OIL GRAVITY-API (CORR.) _____																																					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____		TEST WITNESSED BY POST ID-2 12-3-82 p & A																																					
35. LIST OF ATTACHMENTS _____		ACCEPTED FOR RECORD (ORIG. SGD.) DAVID R. GLASS NOV 24 1982																																					
36. I hereby certify that the foregoing and attached information is complete and has been determined from all available records		SIGNED Unita Y. Vigil TITLE Drilling Secretary DATE November 15, 1982																																					

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

(Log Recd)

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: "Secks 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 POROSITY ZONES:			38. GEOLOGIC MARKERS			
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						
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
San Andres (Slaughter)	2356	2952	Tan to brown dolomite, waterwet	Yates	571	571'
Siluro-Devonian (Fusselman)	7572	7920	Tan to brown dolomite, waterwet	Queen	1210	1210'
				San Andres	1536	1536'
				Glorieta	2952	2952'
				Abo	5250	5250'
				Wolfcamp	5916	5916'
				Pennsylvanian	6333	6333'
				Mississippian	7366	7366'
				Siluro/Devonian	7572	7572'
				Granite Wash	7920	7920'
Granite Wash	7920	8174	Reworked Sandstone, dolomite, limestone, DST	Precambrian	8174	8174'