

COUNTY **CHAVES** FIELD **Undesignated** STATE **NM**
 PR **TRANSWESTERN GAS SUPPLY CO.** API **30-005-61289**
 NO **1** LEASE **Middle Fork Federal** MAP
 Sec 8, T6S, R23E COORD
 1980 FSL, 1980 FEL of Sec 10-4-1 NM
 41 mi NW/Boaz SPD 6-22-82 CMP 9-8-82

NO.	WELL CLASS: INIT D FIN DG LSE. CODE			
	FORMATION	DATUM	FORMATION	DATUM
	8 5/8-1498-1110 sx			
	4 1/2-3498-450 sx			
	2 3/8-2950			
	TD 3600 (ABO)		PBD 3456	

IP (Abo) Perfs 3030-66 CAOF 1731 MCFGPD. GOR Dry; gty (Gas)
 .6301; SIWHP 975; SIBHP 988

CONTR Young #4 OPERSTEV 4175 GL sub-s 11

F.R. 12-21-81
 PD 4500 RT (Abo)
 6-29-82 TD 3600; Rng Logs
 Cored (Abo) 3030-88, rec 58 FT, no descr
 Cored (Abo) 3190-3251, rec 61 FT, no descr
 7-6-82 TD 3600; WOCU
 8-18-82 TD 3600; PBD 3456; Prep Perf
 9-8-82 TD 3600; PBD 3456; SIPBU
 Perf (Abo) 3030-66 w/15 shots
 Acid (3030-66) 2000 gals
 Frac (3030-66) 46,000 gals + 110,000# sd
 CAOF 1731 MCFGPD (3030-66)
 10-18-82 TD 3600; PBD 3456; Complete
 (Abo) FOUR POINT GAUGES:
 Flwd 422 MCFGPD, chk (NR), 60 mins, TP 930
 Flwd 1173 MCFGPD, chk (NR), 60 mins, TP 855
 Flwd 1151 MCFGPD, chk (NR), 60 mins, TP 760
 Flwd 1232 MCFGPD, chk (NR), 60 mins, TP 670
 10-4-1 NM

CHAVES
TRANSWESTERN GAS
SUPPLY CO.

Undesignated
1 Middle Fork Federal
Sec 8, T6S, R23E

NM
Page #2

10-18-82 Continued
LOG TOPS: Tubb 2420, Drinkard 2667, Abo 2964
LOGS RUN: CNL, FDC, DILL, MICL, SONL, FOCL
BHT 102 deg @ 3048
Rig Released 6-29-82
10-23-82 COMPLETION ISSUED

10-4-1 NM
IC 30-005-70552-81

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

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

LEASE DESIGNATION AND SERIAL NO.

NM 32322-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Middle Fork Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

West Pecos Slope
Undesignated - Abo Gas.

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

Sec. 8-6S-23E

12. COUNTY OR
PARISH

Chaves

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. DESVR. ☐ Other ☐

2. NAME OF OPERATOR

Transwestern Gas Supply Company

3. ADDRESS OF OPERATOR

P. O. Box 2521 Houston, Texas 77252

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

At surface 1980' FSL & 1980' FEL Sec. 8, T6S, R23E

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

OCT 1 1982

RECEIVED
ARTESIA OFFICE

15. DATE SPUDDED

6/22/82

16. DATE T.D. REACHED

6/28/82

17. DATE COMPL. (Ready to prod.)

8/20/82

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

4175' GL

19. ELEV. CASINGHEAD

Same

20. TOTAL DEPTH, MD & TVD

3600

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

3456

22. IF MULTIPLE COMPL.,
HOW MANY*

23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

Rotary

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

3030-3066' (Abo)

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL/FDC DIL/MSFL

27. WAS WELL CORED

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24	1498	12 1/2	Cmt w/1110 sx, circ 5 sx to pit	None
4 1/2	10.5	3498	7 7/8	450 sx	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	2950	No

31. PERFORATION RECORD (Interval, size and number)

3030, 31, 37, 39, 44, 46, 48, 51, 53, 56, 57, 61, 62
65 & 66. (Abo). 3 1/8" holes. 15 holes.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3030-3066	2000 gal MOD 101 & 46,000 gals acid plus 110,000# 20-40 sand

33.* PRODUCTION

DATE FIRST PRODUCTION SI-WOPL PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing 2" Flow Prover WELL STATUS (Producing or shut-in) SI-WOPL

DATE OF TEST 9-8-82 HOURS TESTED 4 CHOKE SIZE Various PROD'N. FOR TEST PERIOD 0 OIL—BBL. 0 GAS—MCF. 1.151 WATER—BBL. 0 GAS-OIL RATIO

FLOW. TUBING PRESS. 760 CASING PRESSURE 760 CALCULATED 24-HOUR RATE 0 OIL—BBL. 0 GAS—MCF. 1.731 WATER—BBL. 0 OIL GRAVITY API (CORR)

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

35. LIST OF ATTACHMENTS Form C-122, AOF Chart

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

SIGNED

[Signature]

TITLE Production Engineer Asst.

DATE 9/22/82

*(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 16: 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	TOP	MEAS. DEPTH	TRUE VERT. DEPTH
0	1900		Surface sands & clays.	Tubb	2420	2420	
1900	2100		Siltstone	Drinkard	2667	2667	
2100	2400		Anhydrite and Dolomite	Abo	2964	2964	
2400	2780		Anhydrite and Siltstone				
2780	2850		Salt				
2850	3250		Anhydrite, Dolomite, Shale, and Sandstone				
3250	3600		Shale				

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL
SUBMIT DEPT. OF THE INTERIOR
(Other instructions on reverse side)
Artesia, NM

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		OCT 5 1982	
2. NAME OF OPERATOR Transwestern Gas Supply Company		O. C. D.	
3. ADDRESS OF OPERATOR P. O. Box 2521, Houston, Texas 77252		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980'S 1980'E Sec. 8-6S-23E		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4175' GL	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Middle Fork Federal	
9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Undesignated - Abo	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8-6S-23E		12. COUNTY OR PARISH Chaves	
		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud & Casing</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

6/23/82 Ran 36 jts 24#, K-55, ST & C 8 5/8" casing. Set @ 1498' w/860 sx, 50-50 to Poz "C" & 150 sx Class "C" plus 2% CaCl₂. Cement w/5 stages of 100 sx
6/24/82 Class "C" plus 4% CaCl₂, circulate 5 sx to pit.
6/29/82 Ran 84 jts 10.5#, K-55, ST & C 4 1/2" casing. Set @ 3498' w/450 sx 50-50 Poz.
6/22/82 Spud @ 1600 hrs.

RECEIVED
OCT 1 1982

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

R. Glenewinkel
R. Glenewinkel

TITLE Production Engineer Asst.

DATE 9/27/82

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 4 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side