

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See instructions on reverse side)

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

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.
NM 292076. IF INDIAN, ALLOTTEE, OR TRUST NAME
N/A7. UNIT AGREEMENT NAME
N/A8. FARM OR LEASE NAME
Cobie/Ebeid Federal9. WELL NO.
110. FIELD AND POOL OR WILDCAT
Wildcat, Abo11. SEC., T., R. M., OR BLOCK AND SURVEY OR AREA
Sec 13, T8S, R25E12. COUNTY OR PARISH
Chaves13. STATE
NM1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. ERSVR. ☐ Other _____2. NAME OF OPERATOR
STEVENS OPERATING CORPORATION/3. ADDRESS OF OPERATOR
P. O. Box 2408, Roswell, NM 882014. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1980' FSL, 1730' FEL, Sec 13-8S-25E

At top prod. interval reported below same

At total depth same

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED 1-18-82 16. DATE T.D. REACHED 2/6/82 17. DATE COMPL. (Ready to prod.) 2/22/82 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3550.9 GR 19. ELEV. CASINGHEAD 3550.9 GR

20. TOTAL DEPTH, MD & TVD 4543' 21. PLUG, BACK T.D., MD & TVD 4543' 22. IF MULTIPLE COMPL. HOW MANY _____ 23. INTERVALS DIVIDED BY _____ ROTARY TOOLS X CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4143.5 top, 4163.5 bottom, Abo25. WAS DIRECTIONAL SURVEY MADE
No26. TYPE ELECTRIC AND OTHER LOGS RUN
Compensated Neutron, Dual Laterolog27. WAS WELL CORED
No

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"	24.0	900'	11"	400 sks 65/35 POZ, 200	sks C1 "C"
4 1/2"	10.5	4543'	7 7/8"	290 sks Self Stress	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	4060'	4060'

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
4143.5, 44, 45.5, 46.5, 47, 47.5, 49, 50, 50.5 53.5, 54, 54.5, 56, 56.5, 60.5, 61, 62.5, 63, 63.5		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		4143.5, 4163.5	3000 gal HCL, 1000 SCF N ₂
		4143.5, 4163.5	176,000 CO ₂ , 124,000# sand

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

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2/27/82	24	20/64	→	---	755	0	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
743	pkc	→	---	755	---	---	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
SI/WOPLTEST WITNESSED BY
Mike Vowell35. 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 Law Thompson TITLE Production Coordinator DATE 3/9/82

*(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 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
San Andres	496	496	Red Beds
Glorietta	1620	1620	Anhydrite, Limestone, Dolo
Tubb	3070	3070	Sand, Anhydrite, Red Shale, Dolo
Abo	3790	3790	San, Anhydrite, Dolo
Wolfcamp	3790	4472	Green and Red Shale, Red Sand
	4472	4543	Limestone & Red Shale

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
San Andres	496		
Glorietta	1620		
Tubb	3070		
Abo	3790		
Wolfcamp	4472		