

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

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

## 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. RESVR. ☐ Other ☐

2. NAME OF OPERATOR  
McClellan Oil Corporation

3. ADDRESS OF OPERATOR  
P.O. Drawer 730, Roswell, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 1980' FSL and 1980' FWL  
At top prod. interval reported below  
At total depth

14. PERMIT NO. DATE ISSUED

5. LEASE DESIGNATION AND SERIAL NUMBER  
NM - 28306

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
APR 2 1992

7. UNIT AGREEMENT NAME  
O. C. D.

8. FARM OR LEASE NAME  
Coyote Draw Federal

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  
Sec. 30-T7S-R25E

12. COUNTY OR PARISH  
Chaves

13. STATE  
NM

15. DATE SPUDDED 2-12-82 16. DATE T.D. REACHED 2-25-82 17. DATE COMPL. (Ready to prod.) 3-18-82 18. ELEVATIONS (DF, R&B, BT, GR, ETC.)\* 3778' G.L. 19. ELEV. CASINGHEAD 3778'

20. TOTAL DEPTH, MD & TVD 3875' 21. PLUG, BACK T.D., MD & TVD 3822' 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY 0-TD

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
3522-3694 Abo

25. WAS DIRECTIONAL SURVEY MADE  
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN  
CNL-FDL DLL-Micro SFL

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 |
|-------------|-----------------|----------------|-------------------|------------------|---------------|
| 8-5/8"      | 23              | 1367'          | 17-1/2" & 12-1/4" | 1065 sx          | Cirl.         |
| 4-1/2"      | 10.5            | 3854'          | 7-7/8"            | 400 sx           |               |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) |
|------|----------|-------------|---------------|-------------|
|      |          |             |               |             |

30. TUBING RECORD

| SIZE   | DEPTH SET (MD) | PACKER SET (MD) |
|--------|----------------|-----------------|
| 2 3/8" | 3490'          | None            |

31. PERFORATION RECORD (Interval, size and number)  
3522, 23, 24, 25, 26, 3662, 63, 64, 66, 93, 94, 65  
.42  
12 Holes

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED           |
|---------------------|--------------------------------------------|
| 3522-3694           | 1000 gal. 15% HCL                          |
|                     | 40,000 gal gel water and                   |
|                     | 20,000 gal CO <sub>2</sub> with 90,000 lbs |
|                     | 20/40 and 12,000 lbs 10/20                 |

33.\* PRODUCTION

DATE FIRST PRODUCTION 3-18-82 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut-in

DATE OF TEST 3-17-82 HOURS TESTED 4 CHOKER SIZE Variable PROD'N. FOR TEST PERIOD 500

FLOW. TUBING PRESS. 175 CASING PRESSURE 175 CALCULATED 24-HOUR RATE 3973

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)  
Shut-in waiting on pipe line

35. LIST OF ATTACHMENTS  
Deviation Survey, 4 point  
ROGER A. CHAPMAN

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

SIGNED *Paul Kaydahl* TITLE Operations Manager DATE 3-23-82

\* (See Instructions and Space 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:<br>SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING<br>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 |
| Abo                                                                                                                                                                                                                                                   | 3472' | 3801'  | Dry Gas - Sand, Shale       | San Andres<br>Glorieta<br>Tubb<br>Abo | 260<br>1323<br>2810<br>3472 |                  |

WELL NAME AND NUMBER COYOTE DRAW #3  
LOCATION S30, T7S, R2SE, 1980' FSL, 1980 FWL, CHAVES COUNTY, NM  
OPERATOR McClellan Oil Company  
DRILLING CONTRACTOR SALAZAR BROTHERS DRILLING, INC.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and has conducted deviation tests and obtained the following results:

| <u>Degrees @ Depth</u> | <u>Degrees @ Depth</u> | <u>Degrees @ Depth</u> |
|------------------------|------------------------|------------------------|
| <u>1/4° @ 400 ft.</u>  | <u>3/4° @ 3880 ft.</u> |                        |
| <u>1/4° @ 885 ft.</u>  |                        |                        |
| <u>1/2° @ 1392 ft.</u> |                        |                        |
| <u>1/2° @ 1744 ft.</u> |                        |                        |
| <u>1/2° @ 2336 ft.</u> |                        |                        |
| <u>1/2° @ 2903 ft.</u> |                        |                        |
| <u>1/2° @ 3299 ft.</u> |                        |                        |

Drilling Contractor Salazar Brothers Drilling, Inc.

By: Ralph H. Hinkle  
Title: Secretary - Treasurer

Subscribed and sworn to before me this 8<sup>th</sup> day of March,  
19 82

Rita Phagan  
Notary Public

My Commision Expires:

County Chaves



OFFICIAL SEAL  
RITA S. PHAGAN  
NOTARY PUBLIC - NEW MEXICO  
Notary Bond Filed with Secretary of State  
My Commission Expires 8/9/85

