

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

NM OIL CONS. COMMISSION
SUBMIT IN DUPLICATE
Drawer DD
Artesia, NM 88210
(other instructions on reverse side)

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

c/sr

WELL COMPLETION OR RECOMPLETION REPORT

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐				5. LEASE DESIGNATION AND SERIAL NO. NM 43524	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐				6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR Stevens Operating Corporation				7. FARM OR LEASE NAME Edmondson Federal	
3. ADDRESS OF OPERATOR P. O. Box 2408, Roswell, New Mexico 88201				9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FSL, 1980' FEL, Sec 13, T-7-S, R-25-E				10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo Gas Pool	
At top prod. interval reported below Same				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 13, T-7-S, R-25-E	
At total depth Same				12. COUNTY OR PARISH Chaves	
14. PERMIT NO. O. C. D. DATE ISSUED SEP 30 1982				13. STATE NM	
15. DATE SPUDDED 3-21-82		16. DATE T.D. REACHED 3-31-82		17. DATE COMPL. (Ready to prod.) 7-15-82	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3687 GR		19. ELEV. CASINGHEAD 3687		20. TOTAL DEPTH, MD & TVD 4251'	
21. PLUG, BACK T.D., MD & TVD 4251'		22. IF MULTIPLE COMPL., HOW MANY* 1		23. INTERVALS DRILLED BY 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3896.5 - 3921 Abo				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/FDC and 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
10 3/4"	40.5#	295'	14 3/4"	500 sxs	
8 5/8"	24#	844'	9 7/8"	400 sxs 65/35 200 sxs	REC w/2% CaCl ₂
4 1/2"	10.5#	4251'	7 7/8"	350 sxs	
29. LINER RECORD			30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
Perforated at: 3896.5, 97, 97.5, 98.5, 99, 99.5, 3912, 12.5, 13, 13.5, 14, 16, 16.5, 20, 20.5, 21			DEPTH INTERVAL (MD) 3896.5 - 3921		
			AMOUNT AND KIND OF MATERIAL USED 4000 gals 7 1/2% HCL + 1000 Scf/bbl HCL, N₂ + 2/1000 I55+ 2/1000 F75 + 4/1000 A200 + 5/1000 I41L. Frac: 65,000 gals 75% nitrofrised		
33.* PRDDUCTION foam, 62,000# 20/40, 26,000# 10/20 sand.					
DATE FIRST PRODUCTION SI		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) SI	
DATE OF TEST 7-15-82	HOURS TESTED 1	CHOKE SIZE 7/64	PROD'N. FOR TEST PERIOD →	OIL—BBL. ---	GAS—MCF. 118
FLOW. TUBING PRESS. 559#	CASING PRESSURE ---	CALCULATED 24-HOUR RATE ---	OIL—BBL. ---	GAS—MCF. 168	WATER—BBL. ---
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) SI well--waiting on pipeline connection					
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 <i>Gar Thompson</i>		TITLE Production Coordinator		DATE 8-9-82	

* (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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
San Andres	0	460	Redbeds	San Andres	460	
Glorietta	460	1565	Limestone, Dolomite, Salt	Glorietta	1565	
Tubb	1565	2980	Dolomite, Anhydrite, Sand	Tubb	2980	
Abo	2980	3652	Sandstone, Dolomite, Salt	Abo	3652	
	3652	4251	Sandstone, Shale			