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Form 9-330 (Rev. 5-63) UNITED STATESIL CORSEMEON PURLICAN Form approved. Budget Bureau No. 42-R355.5. SION ther in-DEPARTMENT OF THE THERIOR GEOLOGICAL SURVEYIA, NM. 88210 structions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. NM 022584 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* OIL GAS WELL Other 7. UNIT AGREEMENT NAME b. TYPE OF COMPLETION: WORK OVER WELL X 8. FARM OR LEASE NAME Other 2. NAME OF OPERATOR Chaves "A" Federal Sun Exploration & Production Co. 3. ADDRESS OF OPERATOR P.O. Box 1861 79702 Midland, Texas ID. FIELD AND POOL, OR WILDCAT 4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements) Ildcat/Pormian' (Wolfcamp) At surface Unit Ltr "B" 660' FNL & 1980' FEL 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA At top prod. interval reported below OIL & CAS Sec. 21, T-7-5, R-26-E U.S. GEOLOGICAL SURVE ROSWELL NEW MEXICO At total depth 53661 DATE ISSUED 14. PERMIT NO. 12. COUNTY OF 13. STATE PARISH 3-15-82 **Chaves** New Mexico 15. DATE SPUDDED 16. DATE T.D. BEACHED | 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, BEB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD 4-2-82 4-23-82 7-21-82 3719.0 GR 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., 23. INTERVALS BOTARY TOOLS CABLE TOOLS 530 5/32 DRILLED BY 李维 电子设置 2 zones 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* WAS DIRECTIONAL SURVEY MADE 4555-4850 Walfeam Yes 4588-94 26. TYPE ELECTRIC AND OTHER LOGS BUN 27. WAS WELL CORED Cmt bondlog, GR 28. CASING RECORD (Report all strings set in well) CASING SIZE WEIGHT, LB./FT. HOLE SIZE CEMENTING RECORD AMOUNT PULLED 13 - 3/848#, 54# 316 171/0 320sxs None 8-5/8 24# 1543 700sxs None 14# 15.5# 5366 1600s.xs None: 29. LINER RECORD 30. TUBING RECORD TOP (MD) BOTTOM (MD) SACKS CEMENT* SIZE DEPTH SET (MD) 4499 4492 2 - 3/831. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 4588-4594- 7 holes w/ 4" csg gun, DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED (5202-5225-24 holes w/-41 csg gun) 4588-4594 Acdz w/ 1000 gals 15% NEFEHCL (CIBP 5150-5132 1½sxs cmt) 4588-4594 Frac w/ 7500 gals 114 - 40 +2500 qal CO₂ + 16,000 # 20/40sd 33.* PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in) Shut-in Flowing 5-4-82 DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL BRI. GAS-MCF. WATER-GAS-OIL RATIO 5-17-82 12 21/64 . 770 0 FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR BATE OIL--BBL. GAS-MCF WATER-BBL. OIL GRAVITY-API (CORR.) 1440 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) EST MOCEPHODEOR LECORD Sold R.A. Sadler 35. LIST OF ATTACHMENTS 36. I hereby certify that the foregoing and attached information is complete and correct as determined from a

TITLE Accounting Assistant II

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

U.S. OFOL

ROSWELL, NEW MEXICO

NSTRUCTIONS

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

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 should be listed on this form, see item 35.

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.

It 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, or Federal office for specific instructions.

for each

ltem 33: tem 29: additional interval to be separately produced, showing the additional data pertinent to such interval.

"Sacks Coment": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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TRUE VERT. DEPTH	MEAS, DEPTH	A. C. Lie and				
	TOP	2	DESCRIPTION, CONTENTS, ETC.	BOTTOM	701	FORMATION
v 5	GEOLOGIC MARKERS	38. GEOLOG	SHOW ALL INFORMAT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, PLOWING AND SHUT-IN PRESSURES, AND RECOVERIES	ROSITY AND CONTE	TESTED, CUSHION	SHOW ALL INFO
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