

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

(See other in
this series on
reverse side)FORM APPROVED
OMB NO. 1004-0137
Expires: February 28, 1995N.M. Oil Cons. Division
811 S. 1st Street, Suite 2323
Alameda, NM 88210-2834

WELL COMPLETION OR RECOMPLETION REPORT AND LOGS

1a. TYPE OF WELL: OIL ☐ GAS ☒ DRY ☐ Other _____		7. UNIT AGREEMENT NAME N/A																			
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. REVR. ☐ Other _____		8. FARM OR LEASE NAME, WELL NO. Snakeweed B" Field #3																			
2. NAME OF OPERATOR McKay Oil Corporation		9. API WELL NO. 30-005-63308																			
3. ADDRESS AND TELEPHONE NO. P.O. Box 2014 Roswell, N.M. 88202		10. FIELD AND POOL, OR WILDCAT West Pecos Slope																			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1760' FNL, 660' FC At top prod. interval reported below 38 At total depth		11. SEC., T., R., N., OR BLOCK AND SURVEY OR AREA S18, T6S, R23E																			
14. PERMIT NO.		12. COUNTY OR PARISH Chaves																			
DATE ISSUED		13. STATE NM																			
15. DATE SPUDDED 10/27/00	16. DATE T.D. REACHED 11/12/00	17. DATE COMPL. (Ready to prod.) 11/13/00	18. ELEVATIONS (DF, RKB, RT, GE, ETC.)* KB - 4152', DF - 4151', GL - 4146'																		
19. ELEV. CASINGHEAD 4146'	20. TOTAL DEPTH, MD & TVD 3259'	21. PLUG BACK T.D., MD & TVD 3210'	22. IF MULTIPLE COMPL., HOW MANY? N/A																		
23. INTERVALS DRILLED BY TD			24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* ABO Sand 2952'-3156'																		
25. WAS DIRECTIONAL SURVEY MADE NO			26. TYPE ELECTRIC AND OTHER LOGS RUN CNC, GRC, Per																		
27. WAS WELL CORRED NO			28. CASING RECORD (Report all strings set in well)																		
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31. PERFORATION RECORD (Interval, size and number)																					
2952-2968 - 5 shots 2992-2994 - 2 shots 3038-3066 - 9 shots 3146-3156 - 4 shots																					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																					
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold																					
35. LIST OF ATTACHMENTS																					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																					
SIGNED <u>David R. Glass</u> TITLE <u>VP of Cons Affairs</u> DATE <u>4/23/01</u>																					

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