Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: West Square Lake Unit LC 063926

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: West Square Lake Unit Tr. 6

8. FARM OR LEASE NAME: West Square Lake Unit TR.6

9. WELL NO.: #7

10. FIELD AND POOL, OR WILDCAT: Square Lake (GB-SA)

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 35, T16S R30E

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

RECEIVED BY OCT -6 1986 O. C. D. ARTESIA, OFFICE

2. NAME OF OPERATOR: J. Cleo Thompson

3. ADDRESS OF OPERATOR: 4500 Republic Bank Tower, Dallas, Texas 75201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: 660' FSL & 1295' FEL Sec. 35, T16S, R30E
At top prod. interval reported below: same
At total depth: same

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
API 3001525368	8-8-85	Eddy	N.M.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
9-3-85	9-15-85	1-23-86	3781.5 GR	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
~~4000'~~ 3960	3675		→	X	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: Grayburg-San Andres

25. WAS DIRECTIONAL SURVEY MADE: Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: Dual Laterolog

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
12 3/4	35	287	15	315 sxs C 2% cal	-0-
				1200 sxs 2% CaCl	
5½	15-50	3870	7 7/8	1300 sxs Pacesetter Lt.	
				495 sxs C 4% gel	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8	3623.95	
3/8 Rod	3600.	

31. PERFORATION RECORD (Interval, size and number)

12 3846-3772
8 3691-3727
17 3650-3418.5
18 3268-2953

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3846-3772	2500 Bls. 15% NE
3691-3727	2,000 gal -40,000 gal Cross link
3650-3418.5	3000 gal 15% NE, 20,000 gal Cr. l
	43,000# 20/40 sand
3268-2953	35,000 gal C.L. 79,000 20/40

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
1-23-86	2½"x2"x16' insert pump	P

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-18-86	24 hrs	-		57	31	74	544/1

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
40	40		57	31	74	35.7

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): Phillips Petroleum Company

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

ACCEPTED FOR RECORD
OCT 02 1986
CARLSBAD, NEW MEXICO

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

SIGNED Lois Cannady TITLE Agent DATE 8-26-86

*(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.
Rustler	400	0	
Top Salt	550	400	
Base Salt	1300	550	
Grayburg	2750	1300	
San Andres	3050	2750	

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636

RAILROAD COMMISSION OF ~~TEXAS~~ New Mexico
OIL AND GAS DIVISION

Form W-12
(1-1-71)

INCLINATION REPORT
(One Copy Must Be Filed With Each Completion Report.)

1. FIELD NAME (as per RRC Records or Wildcat): Squarke Lake
2. LEASE NAME: West Square Lake Unit Tr. 6
3. OPERATOR: J. Cleo Thompson
4. ADDRESS: P. O. Box 6445, Odessa, Texas 79760
5. LOCATION (Section, Block, and Survey): Sec. 35, T-16S, R30E
6. RRC District:
7. RRC Lease Number. (Oil completions only):
8. Well Number: 6-7
9. RRC Identification Number (Gas completions only):
10. County: Eddy County, New Mexico

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
438	438	¼	.44	1.93	1.93
948	510	1½	2.62	13.36	15.29
1201	253	1-3/4	3.05	7.72	23.01
1391	190	1-3/4	3.05	5.80	28.81
1455	64	1-3/4	3.05	1.95	30.76
1655	200	1¼	2.16	4.32	35.08
1834	179	3/4	1.31	2.34	37.42
2055	221	3/4	1.31	2.90	40.32
2217	162	½	.87	1.41	41.73
2407	190	¼	.44	.84	42.57
2750	343	¼	.44	1.54	44.11
2982	232	¼	.44	1.02	45.13
3255	273	3/4	1.31	3.58	48.71
3486	231	3/4	1.31	3.03	51.74
3960	474	½	.87	4.12	55.86

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 3960 feet = 55.86 feet.
*19. Inclination measurements were made in – ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line 660 feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No
(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Frances Hanson
Signature of Authorized Representative
Frances Hanson
Name of Person and Title (type or print)
V & B Drilling Company
Name of Company
Telephone: 915 (Area Code) 563-4052

OPERATOR CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.

Lois Cannady
Signature of Authorized Representative
Lois Cannady Agent
Name of Person and Title (type or print)
J. Cleo Thompson
Operator
Telephone: 214 (Area Code) 742-1991

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.