

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved. Budget Bureau No. 42-R355.6.

5. LEASE DESIGNATION AND SERIAL NO.

NM 23003

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Llano McKay Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Unders Morrow

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 13, T19S, R31E, NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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

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

2. NAME OF OPERATOR: PETROLEUM DEVELOPMENT CORPORATION

3. ADDRESS OF OPERATOR: 9720 B Candelaria NE, Albuquerque, New Mexico 87112

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):

At surface 660' FNL & 660' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

Re-entered.

15. DATE [X] 11/30/79 16. DATE T.D. REACHED -- 17. DATE COMPL. (Ready to prod.) RA 1-13-80 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* -- 3540 GL 19. ELEV. CASINGHEAD -

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY rotary

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN None 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well) CEMENT PLUGS: 1/13/80

Table with columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, AMOUNT PULLED. Includes handwritten entries for casing sizes and depths.

29. LINER RECORD 30. TUBING RECORD

Table with columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD). Includes handwritten entry 'None'.

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Table with columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Includes handwritten entry 'None' and a note 'Posted ID 2-5-80'.

33. PRODUCTION

DATE FIRST PRODUCTION None PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) -- WELL STATUS (Producing or shut-in)

DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL-GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

None

35. LIST OF ATTACHMENTS None

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

SIGNED Charlotte Johnson TITLE Secretary DATE 1/24/80