

HOBBS OCD

U.S. Department
of the InteriorWell
Information System

JUN 30 2011

Kelly BARAJAS

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sp
Help

Process Number: 3160-4

Process Name: Well Completion or Re-Completion Report

Viewing

Process Instance Identifier: 00751-00820

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ProcessPrint
ProcessProcess
details

Attachments



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Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

30-025-26675

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

Section 1 - Completed by Operator

1. BLM Office*

Hobbs, NM

2. Well Type*

OIL

3. Completion Type*

Plug Back

Operating Company Information

4. Company Name*

READ & STEVENS, INC.

5. Address*

P. O. BOX 1518

6. Phone Number*

575-622-3770

ROSWELL NM 88202

Administrative Contact Information

7. Contact Name*

WILL _ PALMER

8. Title*

MANAGER, PROD & COMPLETIONS

9. Address*

P. O. BOX 1518

10. Phone Number*

575-622-3770

ROSWELL NM 88202

11. Mobile Number

575-390-2424

12. E-mail*

wpalmer@read-stevens.com

13. Fax Number

575-622-8643

Technical Contact Information

☒ Check here if Technical Contact is the same as Administrative Contact.

14. Contact Name*

15. Title*

6/29/11 Submitted to BLM through BLM-wis
Copy to OCO-Hobbs WI C104

16. Address* _____ _____ _____	17. Phone Number* _____ _____
19. E-mail* _____	18. Mobile Number _____ _____
	20. Fax Number _____

Surface Location**21. Specify location using one of the following methods:**

a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract

b) State, County, Latitude, Longitude, Metes & Bounds description

State* NM	County or Parish* LEA COUNTY			
Section 10	Township 20S	Range 34E	Meridian	
Qtr/Qtr ___	Lot # ___	Tract # ___	N/S Footage 660 FSL	E/W Footage 660 FWL
Latitude ___	Longitude ___	Metes and Bounds		

Producing Interval Location**22. Specify location or**☒ Check here if the producing hole location is the same as the surface location.

State* ___	County or Parish* _____			
Section ___	Township ___	Range ___	Meridian	
Qtr/Qtr ___	Lot # ___	Tract # ___	N/S Footage ___	E/W Footage ___
Latitude ___	Longitude ___	Metes and Bounds		

Bottom Location**23. Specify location or**☒ Check here if the bottom hole location is the same as the surface location.

State* ___	County or Parish* _____			
Section ___	Township ___	Range ___	Meridian	
Qtr/Qtr ___	Lot # ___	Tract # ___	N/S Footage ___	E/W Footage ___
Latitude ___	Longitude ___	Metes and Bounds		

Lease and Agreement**24. Lease Serial Number***

NMNM105221

26. If Unit or CA/Agreement, Name and/or Number	27. Field and Pool, or Exploratory Area* LEA; DELAWARE NE
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Well

28. Well Name* COYOTE 10 FEDERAL	29. Well Number* 2	30. API Number 30-025-26675
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31. Date Spudded 04/23/1980	32. Date T.D. Reached	33. Date Completed 05/21/2011 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 3644 Ground Level
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35. Total Depth: MD 6163 TVD	36. Plug Back Total Depth: MD 4510 TVD	37. Depth Bridge Plug Set: MD 6390 TVD
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38. Type Electric & Other Mechanical Logs Run (Submit copy of each) N/A	39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Analysis) Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Report) Directional Survey? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Copy)
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40. Casing and Liner Record (Report all strings set in well)

Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375			844						
12.25	9.625			4862						
8.75	5.5			13600						
8.75	5.5			4510						

41. Tubing Record	42. Producing Intervals																											
<table border="1" style="width: 100%;"> <tr> <th>Size</th><th>Depth Set (MD)</th><th>Packer Depth (MD)</th></tr> <tr> <td>2.375</td><td>4510</td><td></td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </table>	Size	Depth Set (MD)	Packer Depth (MD)	2.375	4510								<table border="1" style="width: 100%;"> <tr> <th>Formation</th><th>Top (MD)</th><th>Bottom (MD)</th></tr> <tr> <td>A) LEA; DELAWARE NE</td><td></td><td></td></tr> <tr> <td>B)</td><td></td><td></td></tr> <tr> <td>C)</td><td></td><td></td></tr> <tr> <td>D)</td><td></td><td></td></tr> </table>	Formation	Top (MD)	Bottom (MD)	A) LEA; DELAWARE NE			B)			C)			D)		
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B)																												
C)																												
D)																												

43. Perforation Record				
Top	Bottom	Size	No. Holes	Perf. Status
6021	6163	0.39	184	2 SPF 39" CMT PENETRATION

44. Acid, Fracture, Treatment, Cement Squeeze, etc.		
Top	Bottom	Amount and Type of Material
6021	6163	2000 GALS 15% NEFE HCl & 100,000# 16/30 BROWN SAND

45. Production Method and Well Status for Production Intervals

Production Method
Electric Pumping Unit

Well Status
Producing Oil Well

46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
05/21/2011	06/21/2011	24	>>>>>	12	0	107	34.2	0
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
		15	>>>>>	61	0	171	0	

47. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

48. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

49. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

50. Disposition of Gas (Sold, used for fuel, vented, etc.)

No Measurable Gas

51. Summary of Porous Zones (Include Aquifers):

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.

52. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
RUSTLER ANHY	1586				

YATES	3361				
SEVEN RIVERS	3694				

53. Additional remarks (include plugging procedure):

54. Indicate which items have been attached by placing a check in the appropriate boxes:

- | | | | |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> Electrical/Mechanical Logs (1 full set req'd.) | <input type="checkbox"/> Geologic Report | <input type="checkbox"/> DST Report | <input type="checkbox"/> Directional Survey |
| <input type="checkbox"/> Sundry Notice for plugging and cement verification | <input type="checkbox"/> Core Analysis | <input type="checkbox"/> Other: | |

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

55. Name

WILL PALMER

56. Title

MANAGER, PROD & COMPLETIONS

57. Date* (MM/DD/YYYY)

06/29/2011 Today

58. Signature*

You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Section 2 - System Receipt Confirmation59. Transaction
_____60. Date Sent
_____61. Processing Office
_____**Section 3 - Internal Review #1 Status**62. Review Category
_____63. Date
Completed
_____64. Reviewer Name
_____65. Comments

Section 4 - Internal Review #2 Status66. Review Category
_____67. Date
Completed
_____68. Reviewer Name
_____69. Comments

Section 5 - Internal Review #3 Status70. Review Category
_____71. Date
Completed
_____72. Reviewer Name
_____73. Comments

Section 6 - Internal Review #4 Status74. Review Category
_____75. Date
Completed
_____76. Reviewer Name
_____77. Comments

Section 7 - Final Approval Status78. Disposition
_____79. Date
Completed
_____80. Reviewer Name
_____81. Reviewer Title
