

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.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0236180

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hanagan 686 Ltd.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Middle Allison Penn

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

Sec. 8, T-9-S, R-36-E.

12. COUNTY OR PARISH
Lea13. STATE
New Mexico

1a. TYPE OF WELL:

OIL

WELL ☒

GAS

WELL ☐DRY ☐

Other

b. TYPE OF COMPLETION:

NEW

WELL ☒

WORK

OVER ☐

DEEP-

EN ☐

PLUG

BACK ☐

DIFF.

RESVR. ☐

Other

2. NAME OF OPERATOR

BTA Oil Producers

3. ADDRESS OF OPERATOR

104 So. Pecos, Midland, Texas 79701

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

At surface

2130' FNL & 660' FWL, Sec. 8, T-9-S, R-36-E.

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED
3-9-6916. DATE T.D. REACHED
4-8-6917. DATE COMPL. (Ready to prod.)
4-17-6918. ELEVATIONS (OF, REB, RT, GR, ETC.)*
4097' K.B.19. ELEV. CASINGHEAD
4085'20. TOTAL DEPTH, MD & TVD
9880'21. PLUG, BACK T.D., MD & TVD
9872'22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY
→ROTARY TOOLS
T.D.

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

9839-59' Bough "C"

25. WAS DIRECTIONAL
SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR-N

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"	33.38#	365'	17-1/2"	375 SK (cird.)	
8-5/8"	24.20 #32#	4125'	11"	400 SK	
5-1/2"	17#	9880'	7-7/8"	300 SK	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	9785'	9806'

31. PERFORATION RECORD (Interval, size and number)

9839-59' w/2 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
9839-59'	A/500 gal. 15% DE NE

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
4-17-69	Pumping	Prod.

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4-21-69	24 hrs.		→	296	222	856	750

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
		→				45.1

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

Vent

TEST WITNESSED BY

Eddy Avery

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

TITLE

DATE

*(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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Bo C	9810	9880	To 40" Rec. 34 BF 8% Abr. 90" ISIP - 2377 IFP-517 180" FSIP - 2377 WFP-799	Rustler Yates San Andres Glorietta Tubb Abo Wolfcamp Ro C	2200 2820 4184 5528 6960 7766 9068 9835	+1897 +1277 -87 -1431 -2863 -3669 -4971 -5738