

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

|                                                                                                                                                                                                                                                      |  |                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>                                                                                         |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>NM-14204</b>                                                                            |  |
| b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>       |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                                                              |  |
| 2. NAME OF OPERATOR<br><b>Belco Petroleum Corporation</b>                                                                                                                                                                                            |  | 7. UNIT AGREEMENT NAME                                                                                                            |  |
| 3. ADDRESS OF OPERATOR<br><b>2000 Wilco Building, Midland, Texas 79701</b>                                                                                                                                                                           |  | 8. FARM OR LEASE NAME<br><b>U. S. Coastal</b>                                                                                     |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface <b>660' PS&amp;EL's of Section 31</b><br>At top prod. interval reported below <b>Same as above</b><br>At total depth <b>Same as above</b> |  | 9. WELL NO.<br><b>1</b>                                                                                                           |  |
| 14. PERMIT NO.                                                                                                                                                                                                                                       |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Wildcat</b>                                                                                  |  |
| DATE ISSUED<br><b>9-16-71</b>                                                                                                                                                                                                                        |  | 11. SEC., T., R., M., OR BLOCK AND SURVEY OF AREA<br><b>Sec. 31, T-9-S, R-33-E</b>                                                |  |
| 15. DATE SPUDDED<br><b>9-30-71</b>                                                                                                                                                                                                                   |  | 12. COUNTY OR PARISH<br><b>Log</b>                                                                                                |  |
| 16. DATE T.D. REACHED<br><b>10-31-71</b>                                                                                                                                                                                                             |  | 13. STATE<br><b>New Mexico</b>                                                                                                    |  |
| 17. DATE COMPL. (Ready to prod.)<br><b>Presently shut-in</b>                                                                                                                                                                                         |  | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.) *<br><b>5223' GR</b>                                                                       |  |
| 19. ELEV. CASINGHEAD                                                                                                                                                                                                                                 |  | 20. TOTAL DEPTH, MD & TVD<br><b>9100'</b>                                                                                         |  |
| 21. PLUG, BACK T.D., MD & TVD<br><b>9063'</b>                                                                                                                                                                                                        |  | 22. IF MULTIPLE COMPL., HOW MANY*                                                                                                 |  |
| 23. INTERVALS DRILLED BY<br><b>0 - 9100'</b>                                                                                                                                                                                                         |  | 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br><b>9001' to 9006' (Bough "C")</b>                |  |
| 25. WAS DIRECTIONAL SURVEY MADE<br><b>No</b>                                                                                                                                                                                                         |  | 26. TYPE ELECTRIC AND OTHER LOGS RUN<br><b>Gamma Ray Acoustic, Guard, and Potomac Logs</b>                                        |  |
| 27. WAS WELL CORED<br><b>No</b>                                                                                                                                                                                                                      |  | 28. CASING RECORD (Report all strings set in well)                                                                                |  |
| 29. LINER RECORD                                                                                                                                                                                                                                     |  | 30. TUBING RECORD                                                                                                                 |  |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                                                                                                                                   |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                    |  |
| 33. DATE FIRST PRODUCTION                                                                                                                                                                                                                            |  | 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)                                                                        |  |
| 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 Glenn Cope TITLE District Engineer DATE 10-6-72

\*(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:<br>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 |
| Bough "C"                                                                                                                                                                                                                                          | 8775' | 8820'  | DST #1 - Recovered 15' drilling mud. Tool opened with weak blow and died. ISIP 4731#, 60 min. ISI failed, 30 min. IFP 66# to 79#, 60 min. FSIP 66#, BHT 148#.                                            | San Andres<br>Glorieta<br>Abo<br>Wolfcamp<br>Bough "C" | 3530'<br>4935'<br>7260'<br>8317'<br>8994' |                  |
| Bough "C"                                                                                                                                                                                                                                          | 8992' | 9100'  | DST #2 - Recovered 200' HGLM, 2800' WCO (50% oil), 850' water. Sample chamber re-covered 1740 cc water, 110 cc oil, 25 CFG, 425# pressure. IFP 680#, FFP 1741#, 60 min. ISIP 2742#, 120 min. FSIP 2469#. |                                                        |                                           |                  |

RELIEVED  
OIL CONSERVATION COMM.  
HOBBS, N. M.  
OCT 17 1972