

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		7. UNIT AGREEMENT NAME			
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		8. FARM OR LEASE NAME N.M. Federal "F"			
2. NAME OF OPERATOR Sunray DX Oil Company		9. WELL NO. 19			
3. ADDRESS OF OPERATOR Box 128, Hobbs, New Mexico		10. FIELD AND POOL, OR WILDCAT Milnesand San Andres			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 660' FEL, of Sec 25, T8S, R34E At top prod. interval reported below At total depth See deviation report attached		11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec 25, T8S, R34E			
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED 9-1-64		16. DATE T.D. REACHED 9-12-64			
17. DATE COMPL. (Ready to prod.) 9-18-64		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4225 GR			
19. ELEV. CASING HEAD 4226		20. TOTAL DEPTH, MD & TVD 4900			
21. PLUG, BACK T.D., MD & TVD 4858		22. IF MULTIPLE COMPL., HOW MANY* -			
23. INTERVALS DRILLED BY TD		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4665-4678 - San Andres			
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Laterolog, Microlaterolog, Sonic Log - Gamma Ray			
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)			
Casing Size		Weight, lb./ft.			
8 5/8		21#			
4 1/2		9.5#			
Depth Set (MD)		Hole Size			
354		12 1/4			
4902		7 7/8			
Cementing Record		Amount Pulled			
250 sx		None			
200 sx		None			
29. LINER RECORD		30. TUBING RECORD			
Size		Top (MD)			
Bottom (MD)		Sacks Cement*			
Screen (MD)		Size			
Depth Set (MD)		Packer Set (MD)			
2 3/8		4656		-	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
Depth Interval (MD)		Amount and Kind of Material Used			
4717-49		500 gal BDA			
4717-19		100 sx cat (squeezed)			
4665-78		1000 gal BDA			
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
Date First Production		Production Method (Flowing, gas lift, pumping—size and type of pump)			
9-18-64		Swab			
Date of Test		Hours Tested			
9-18-64		24			
Flow. Tubing Press.		Casing Pressure			
-		-			
Calculated 24-hour Rate		Oil—BBL.			
34		TSTM			
Gas—MCF.		Water—BBL.			
133		29.1°			
Oil Gravity (CORR.)		-			
-		-			
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from available records			
Deviation Record, Laterolog, Microlaterolog, Sonic Log - Gamma Ray		SIGNED: [Signature] TITLE: Production Engineer DATE: 9-28-64			

***(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 23: 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.

for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sack's 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 TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
San Andres	4665	4678	Oil

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

New Mexico Federal, "F" #19

Depth

867
1360
1856
2139
2660
2986
3460
3633
4109
4712
4900

I, ~~W. R. Mayhew~~ being first duly sworn on oath state that I have knowledge of the facts and matter set forth and that the same are true and correct.

(Signature)

Donald George Decker
Notary Public in and for Lea
County, New Mexico

MY COMMISSION EXPIRES DECEMBER 14, 1966