

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(See other instructions on reverse side)

FORM APPROVED
OMB NO. 1004-0137
Expires: February 28, 1995

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	DRY ☒	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. REVR. ☐	Other <u>Reenter</u>
2. NAME OF OPERATOR <u>OGS Operating Co., Inc.</u>							
3. ADDRESS AND TELEPHONE NO. <u>550 W. Texas, Suite 1140; Midland, TX 79701 (915) 682-6373</u>							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* <u>At surface (K) 1980' FSL & 1980' FWL</u> <u>At top prod. interval reported below</u> <u>At total depth</u>							
14. PERMIT NO.				DATE ISSUED <u>3-24-95</u>			
15. DATE SPUDDED <u>3-25-95</u>		16. DATE T.D. REACHED <u>4-10-95</u>		17. DATE COMPL. (Ready to prod.) <u>Dry</u>		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <u>4209 GR</u>	
19. ELEV. CASINGHEAD <u>4209</u>		20. TOTAL DEPTH, MD & TVD <u>4290'</u>		21. PLUG. BACK T.D., MD & TVD <u>4280'</u>		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY <u>Rotary</u>						24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	
25. WAS DIRECTIONAL SURVEY MADE <u>No</u>						26. TYPE ELECTRIC AND OTHER LOGS RUN <u>HLS Dual Spaced Neutron - GR 4280'-3400'</u>	
27. WAS WELL CORED <u>No</u>						28. CASING RECORD (Report all strings set in well)	
CASING SIZE/GRADE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
11 3/4"		42		350		15"	
8 5/8"		32		3608		11"	
4 1/2" J-55		11.6		4290		7 7/8"	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
None - Dry						PFA	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)		GAS-OIL RATIO	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY				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 <u>James R. "Bill" Atkinson</u>				TITLE <u>Drilling Superintendent</u>		DATE <u>3.3.97</u>	

*(See Instructions and Spaces for Additional Data on Reverse Side)

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				San Andres	3500'	