

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYForm approved,  
Budget Bureau No. 42-R355.6.

## 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"/>		
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"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>
2. NAME OF OPERATOR Chaveroo Operating Company, Inc.							
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc., Box 7624 Hobbs, NM 88241							
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations) At surface 1310' FSL & 2630' FWL of Sec 28 At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 2/6/84		16. DATE T.D. REACHED 2/16/84		17. DATE COMPL. (Ready to prod.) 2/29/84		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4421.7 KB	
20. TOTAL DEPTH, MD & TVD 4501		21. PLUG, BACK T.D., MD & TVD 4461		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4202-4295 San Andres						19. ELEV. CASINGHEAD 25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Neutron, Microlaterlog						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8		24#		1802		12 1/4	
5 1/2		10.5#		4501		7 7/8	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 3/8		4431		No			
31. PERFORATION RECORD (Interval, size and number)							
4202, 05, 11, 14, 20, 42, 45, 59, 62, 68, 70, 4277, 79, 88, 95 1 shot per interval							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
4202-95				24,000 gal 15% acid with 60/40 foam			
33.* PRODUCTION							
DATE FIRST PRODUCTION 2/29/84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 3/1/84		HOURS TESTED 24		CHOKE SIZE ---		PROD'N. FOR TEST PERIOD →	
OIL—BBL. 22		GAS—MCF. 120		WATER—BBL. None		GAS-OIL RATIO 5455	
FLOW. TUBING PRESS. ---		CASING PRESSURE 35#		CALCULATED 24-HOUR RATE →		OIL GRAVITY-API (CORR.) 23.8	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold				TEST WITNESSED BY Darrell McBride			
35. LIST OF ATTACHMENTS 2 copies Electric log				36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>Donna Walker</u>		TITLE <u>Agent</u>		DATE <u>3/27/84</u>			

\*(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:** "Secks (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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS			
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH	
San Andres	4202	4295	Producing Interval		Yates	2290	
					Queen	2975	
					San Andres	3473	

