

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240

SUBMIT IN DUPLICATE
N. M. OIL CON. COMMISSION
Instructions on reverse side

Form approved.
Budget Bureau No. 42-R355.5.

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. RESVR. ☐ Other _____

2. NAME OF OPERATOR
American Petrofina Co. of Texas

3. ADDRESS OF OPERATOR
P.O. Box 2990 Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 990 FNL, 1581 FEL
At top prod. interval reported below
At total depth

14. PERMIT NO. _____ DATE ISSUED 9/26/84

5. LEASE DESIGNATION AND SERIAL NO. NM 0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Horton Federal

9. WELL NO.
36

10. FIELD AND POOL, OR WILDCAT
Milnesand-San Andres

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
30, T-8-S, R-35-E
NMMPM

12. COUNTY OR PARISH
Roosevelt

13. STATE
New Mexico

15. DATE SPUDDED 10/24/84 16. DATE T.D. REACHED 11-2-84 17. DATE COMPL. (Ready to prod.) 11-20-84 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4229 DF 4230 KDB 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 4806 4870 21. PLUG, BACK T.D., MD & TVD 4754 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS X CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4655-4688 San Andres
4712-4732
25. WAS DIRECTIONAL SURVEY MADE NO

26. TYPE ELECTRIC AND OTHER LOGS RUN
GR DEN.-CNL Sonic 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
8 5/8	24	442	12 1/4	275 sx CI 11"	-
5 1/2	15.5	4806	7 7/8	1175 sx HLC & 200 SX CI H	-

29. LINER RECORD None					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8	4745	-

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
4655-4688	.36	20 shots		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4712-4732	.36	10 shots		4655-4688	3000 gals. 15% NEFE acid
				4712-4732	2080 gals. 15% NEFE acid

33. PRODUCTION							
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
11-20-84	Pump 2" Insert	Production					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-20-84	24	2"			TSTM	244	-
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
-	-		27.5	TSTM	244	26.4	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	TEST WITNESSED BY
Sold	Curtis Allen

35. LIST OF ATTACHMENTS
Density-Neutron Logs, Inclination Survey

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED _____ TITLE _____ DATE 12-21-84

*(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 TOP TRUE VERT. DEPTH
San Andres	4655	4688	Anhydritic dolomite with pp. & vug porosity with staining.	San Andres	3896
	4712	4732	Anhydritic dolomite with pp. & vug porosity with staining.	Pi Marker	4505

JAN 28 1985

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form W-12
(1-1-71)

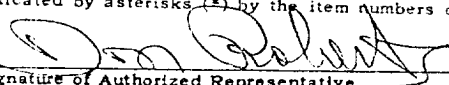
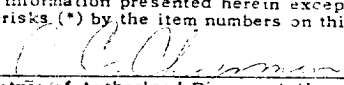
INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		6. RRC District 8-A
1. FIELD NAME (as per RRC Records or Wildcat) Milnesand San Andres	2. LEASE NAME HORTON FEDERAL	7. RRC Lease Number. (Oil completions only)
3. OPERATOR AMERICAN PETROFINA CO. OF TEXAS		8. Well Number 36
4. ADDRESS P.O. BOX 2990, MIDLAND, TEXAS 79702		9. RRC Identification Number (Gas completions only)
5. LOCATION (Section, Block, and Survey) 30, T-8-S, R-35-E		10. County ROOSEVELT, NEW MEXICO

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
446	4.46	.75	1.31	5.84	5.84
915	4.69	1.00	1.75	8.21	14.05
1403	4.88	.75	1.31	6.39	20.44
1901	4.98	1.00	1.75	8.72	29.16
2383	4.82	1.00	1.75	8.44	37.60
2875	4.92	.75	1.31	6.45	44.05
3358	4.83	1.00	1.75	8.45	52.50
3850	4.92	1.00	1.75	8.61	61.11
4348	4.98	1.00	1.75	8.72	69.83
4739	3.91	.50	.88	3.44	73.27
4790	.51	1.00	1.75	.89	74.16

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 4,790 feet = 74.16 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? NO
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.  _____ Signature of Authorized Representative DON ROBERTS, PRESIDENT Name of Person and Title (type or print) LYNCO DRILLING COMPANY Name of Company Telephone: <u>806</u> <u>894-7386</u> Area Code	OPERATOR CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.  _____ Signature of Authorized Representative J.C. Chapman Asst. Dist. Mgr. of Prod. Name of Person and Title (type or print) American Petrofina Co. of Texas Operator Telephone: <u>915</u> <u>687-0575</u> Area Code
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Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.