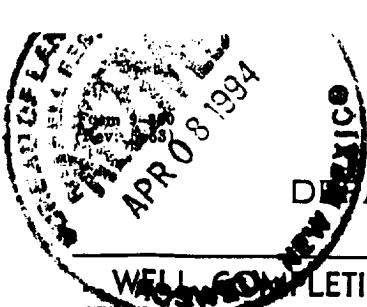




R. B. L. ...  
P. O. BOX 1230  
ROBBS, NEW MEXICO 88240

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

|                                                                                                                                                                                                                                                     |  |                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 1a. TYPE OF WELL:<br>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>NM-85955                                                                                   |  |
| b. TYPE OF COMPLETION:<br>NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESERV. <input type="checkbox"/> Other <input type="checkbox"/> |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>---                                                                                       |  |
| 2. NAME OF OPERATOR<br>ELK OIL COMPANY                                                                                                                                                                                                              |  | 7. UNIT AGREEMENT NAME<br>---                                                                                                     |  |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 310, Roswell, New Mexico 88202-0310                                                                                                                                                                       |  | 8. FARM OR LEASE NAME<br>Plains Federal                                                                                           |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface<br>660' FSL and 1980' FEL, Section 7-T8S-R38E (Unit O)<br>At top prod. interval reported below (SWSE)<br><br>At total depth              |  | 9. WELL NO.<br>1                                                                                                                  |  |
| 14. PERMIT NO.                                                                                                                                                                                                                                      |  | DATE ISSUED<br>01/07/94                                                                                                           |  |
| 15. DATE SPUDDED<br>01/17/94                                                                                                                                                                                                                        |  | 16. DATE T.D. REACHED<br>01/25/94                                                                                                 |  |
| 17. DATE COMPL. (Ready to prod.)<br>04/06/94                                                                                                                                                                                                        |  | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*<br>3990' GL                                                                               |  |
| 19. ELEV. CASINGHEAD<br>3992'                                                                                                                                                                                                                       |  | 20. TOTAL DEPTH, MD & TVD<br>4800'                                                                                                |  |
| 21. PLUG, BACK T.D., MD & TVD<br>4800'                                                                                                                                                                                                              |  | 22. IF MULTIPLE COMPL., HOW MANY*                                                                                                 |  |
| 23. INTERVALS DRILLED BY<br>ROTARY TOOLS <input checked="" type="checkbox"/> CABLE TOOLS <input type="checkbox"/>                                                                                                                                   |  | 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br>4613-4761 San Andres                             |  |
| 25. WAS DIRECTIONAL SURVEY MADE<br>Yes                                                                                                                                                                                                              |  | 26. TYPE ELECTRIC AND OTHER LOGS RUN<br>Computalog Compensated Neutron                                                            |  |
| 27. WAS WELL CORED<br>No                                                                                                                                                                                                                            |  | 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. 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 |  |

\*(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, 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 19: 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.)

(See instructions and spaces for Additional Data on Reverse Side)

## 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

DESCRIPTION, CONTENTS, ETC.

| FORMATION | TOP   | BOTTOM | DESCRIPTION, CONTENTS, ETC. | GEOLOGIC MARKERS |       | TRUE VERT. DEPTH |
|-----------|-------|--------|-----------------------------|------------------|-------|------------------|
|           |       |        |                             | MEAS. DEPTH      | TOP   |                  |
| P-1       | 4596' | 4714'  | Dolomite, oil and gas       | 2810'            | 7-R   |                  |
| P-2       | 4722' | T.D.   | Dolomite, oil and gas       | 3386'            | Queen |                  |
|           |       |        |                             | 3918'            | S.A.  |                  |
|           |       |        |                             | 4596'            | P-1   |                  |

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