

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM 19438

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

El Paso Fed. Com.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

21-13S-30E

12. COUNTY OR
PARISH

Chaves

13. STATE

N.M.

19. ELEV. CASINGHEAD

1a. TYPE OF WELL:

OIL

WELL

☐

GAS

WELL

☐

DRY

☒

Other

b. TYPE OF COMPLETION:

NEW

WELL

☐

WORK

OVER

☐

DEEP-

EN

☐

PLUG

BACK

☐

DIFF.

RESER.

☐

Other

2. NAME OF OPERATOR

DEPCO, Inc.

3. ADDRESS OF OPERATOR

800 Central, Odessa, Texas 79761

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

UL "A", 660' FN & EL, Sec. 21, S13S, R30E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

6-3-79

16. DATE T.D. REACHED

7-16-79

17. DATE COMPL. (Ready to prod.)

Dry

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3875.2

20. TOTAL DEPTH, MD & TVD

10,225

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION---TOP, BOTTOM, NAME (MD AND TVD)*

None

26. TYPE ELECTRIC AND OTHER LOGS RUN

FDC/CNL, DLL, RXO

25. WAS DIRECTIONAL
SURVEY MADE

No

27. WAS WELL CORED

No

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48	403	17 1/2	450 sx.	0
8 5/8	24 & 32	2787	11	1400 sxs.	0

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION

Dry

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or
shut-in)

DATE OF TEST

HOURS TESTED

CHOKE SIZE

PROD'N. FOR
TEST PERIOD

OIL—BBL.

GAS—MCF.

WATER—BBL.

GAS-OIL RATIO

FLOW. TUBING PRESS.

CASING PRESSURE

CALCULATED
24-HOUR RATE

OIL—BBL.

GAS—MCF.

WATER—BBL.

OIL GRAVITY-API (CORR.)

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

D. R. Mason

TITLE

Chief Clerk

DATE 7-24-79

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