

N.M.O.C.D. COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions 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 DEPCO, Inc.						5. LEASE DESIGNATION AND SERIAL NO. NM 21503	
3. ADDRESS OF OPERATOR 800 Central, Odessa, Texas 79761						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface P-1980 FN & WL, Sec. 8, T-13s, R-30s At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						DATE ISSUED 8-13-30	
15. DATE SPUNDED 1-16-81						12. COUNTY OR PARISH Chaves	
16. DATE T.D. REACHED 2-17						13. STATE N.M.	
17. DATE COMPL. (Ready to prod.) 2-28-81						18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 3851 GR	
20. TOTAL DEPTH, MD & TVD 9866'						19. ELEV. CASINGHEAD	
21. PLUG, BACK T.D., MD & TVD 9520'						22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY						ROTARY TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 9312-26' ATOKA						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN DLL & CNL						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13 3/8		48		341'		17 1/2"	
8 5/8		26 & 32		7600'		11	
4 1/2		11.6		9587'		7 7/8"	
						CEMENTING RECORD	
						375 BX.	
						750 BX.	
						1100 BX.	
						AMOUNT PULLED	
						0	
						0	
						0	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
						SCREEN (MD)	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 3/8"		9237		9237			
31. PERFORATION RECORD (Interval, size and number)							
9312-26' w/28PF				ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION							
DATE FIRST PRODUCTION 2-28		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 3-9-81		HOURS TESTED 4		CHOKE SIZE 20-32/64		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
						43	
						GAS—MCF.	
						971	
						WATER—BBL.	
						0	
						GAS-OIL RATIO	
						22581	
						OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
						258	
						5826	
						0	
						TEST WITNESSES	
						63	
35. LIST OF ATTACHMENTS Amending Contract							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED R. L. Denney		TITLE Chief Clerk		DATE 3-17-81			

*(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	
TOP	BOTTOM	NAME	MEAS. DEPTH
WELL #1 3050-3283' TRP 1585# , 30 min. IP 136-181# , 60 min. ISIP 1767# , 60 min. FP 181-204# , 180 min. PSIP 1290# , FP 1561# . Rec. 120' DF, Sampler 10# , 1900 cc wtr. Temp 86° . WELL #2 9297-9342' TRP 4838# , 30 min. IP 2936-2936# , 60 min. ISIP 3096# , 60 min. FP 2968-3032# , 180 min. PSIP 3096# , FP 4838# .		Vates San Andres Clarieta Thibbs ABO Wolfcamp Cisco Canyon Atoka Morrow Chester Austin Chester Duncan Miss.	1200 2598 3953 5395 6210 7345 7950 8343 9128 9350 9410 9495 9580

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