## UN. LD STATES NM OIL COMS. (Secondary STON STREET ON STR DEPARTMENT OF THE INTERIORD

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

| ο. | LEASE | DES | SIGNATION | AND | SERIAL | NO. |
|----|-------|-----|-----------|-----|--------|-----|
|    | 1     | JM  | 31186     |     |        |     |

|                           |                                 |                            |                        |               |                                  |                      | III JIIO                          |
|---------------------------|---------------------------------|----------------------------|------------------------|---------------|----------------------------------|----------------------|-----------------------------------|
| WELL CO                   | MPLETION                        | OR RECOM                   | APLETION I             | REPORT        | AND LO                           | G * 6. 1F IN         | DIAN, ALLOTTEE OR TRIBE NA        |
| 1a. TYPE OF WE            | LL: OIL WELL                    | GAS WELL                   | DRY X                  | Other P       | &A                               | 7. UNIT              | AGREEMENT NAME                    |
| b. TYPE OF COM            | IPLETION:                       |                            |                        | ,             |                                  |                      |                                   |
| WELL .                    | OVER DEEP                       | PLI'G BACK                 | DIFF.<br>RESVR.        | 0014)         | PATE INC                         | 8. FARM              | OR LEASE NAME                     |
| 2. NAME OF OPERA          | <sub>ton</sub><br>es Petroleu   | m Cornorati                | on                     |               | , Carrie                         | l                    | l UQ Federal                      |
| 3. ADDRESS OF OPI         |                                 |                            |                        |               |                                  | 9. WELL              | NO. 1                             |
|                           | South 4th                       | St., Artesi                | a, NM 8821             | .0 /j         | 7AV 1 ~                          | O. FIELI             | D AND POOL, OR WILDCAT            |
| 4. LOCATION OF WE         | ELL (Report location            | n clearly and in ac        | cordance with an       | y State requ  | irements)                        |                      | es. Queen                         |
| At surface 8              | 50 FSL & 14.                    | 50 F <b>RECEN</b>          | <b>ED</b> 7-T15S-R     | 130E          | OIL & GAS                        | 11. SEC.,<br>OR A    | , T., R., M., OR BLOCK AND SURV   |
| At top prod. in           | terval reported belo            | 0 <b>w</b>                 |                        | 1 000         | -                                | į.                   |                                   |
| At total depth            |                                 | MAY 261                    | 983                    | HUE           | MI, NET LO                       | ដែម                  | N, Sec. 7-T15S-R3                 |
| -                         |                                 |                            | 14. PERMIT NO.         |               | DATE ISSUED                      | 12. COUN             |                                   |
|                           |                                 | O. C. D                    |                        |               |                                  | PARIS                | sh<br>Lives NM                    |
| 5. DATE SPUDDED           | 16. DATE T.D. RE                | ACIARTESIA, DE             | Ready t                | o prod.)   1  | •                                | F, REB, RT, GR, ETC. |                                   |
| 8-30-82                   | 9-2-82                          |                            | _                      |               | 3923'                            |                      |                                   |
| 20. TOTAL DEPTH, MD       | & TVB 21. PLUG                  | , BACK T.D., MD & T        | VD 22, IF MUL<br>HOW M | TIPLE COMPL   |                                  | LED BY               |                                   |
| 2271 * 24. PRODUCING INTE | RVAL(S), OF THIS (              | OMPLETION—TOP,             | BOTTOM, NAME (         | MD AND TVD)   | •                                | →   0-22             | 25. WAS DIRECTIONAL               |
|                           |                                 |                            |                        | ŕ             |                                  |                      | SURVEY MADE                       |
|                           | ry                              |                            |                        |               |                                  |                      | No                                |
|                           | AND OTHER LOGS RE               | UN                         |                        |               |                                  |                      | 27. WAS WELL CORED                |
| UNI                       | L/FDC; DLL                      | 0.1071                     | O PROOFE (F            |               |                                  |                      | No                                |
| CASING SIZE               | WEIGHT, LB./F                   |                            | (MD) RECORD (Rep       | ie size       |                                  | IENTING RECORD       | AMOUNT PULLED                     |
| 8-5/8"                    | 24#                             | 375                        | 1                      | 2-1/4"        |                                  | 250                  | AMOUNT POINCED                    |
| 4-1/2"                    | 9.5#                            | 2265                       |                        | -7/7"         |                                  | 275                  | 1150'                             |
|                           |                                 |                            |                        |               |                                  |                      |                                   |
| 29.                       | 1                               | INER RECORD                |                        |               |                                  |                      |                                   |
| SIZE                      |                                 |                            | SACKS CEMENT*          | SCREEN (N     | 30.<br>SIZE                      | TUBING R             |                                   |
|                           |                                 |                            |                        |               |                                  | Join BET             | (MD) PACKER SET (MD)              |
|                           |                                 |                            |                        |               |                                  |                      |                                   |
| II. PERFORATION RE        | CORD (Interval, size            | and number)                |                        | 32.           | ACID, SHOT                       | FRACTURE, CEM        | ENT SQUEEZE, ETC.                 |
|                           |                                 |                            |                        | DEPTH IN      | TERVAL (MD)                      | AMOUNT AND           | KIND OF MATERIAL USED             |
|                           |                                 |                            |                        |               |                                  |                      |                                   |
|                           |                                 |                            |                        |               |                                  |                      |                                   |
|                           |                                 |                            |                        |               |                                  |                      |                                   |
| 3.* ATE FIRST PRODUCT     | NON   PRODUC                    | TION METHOD (FI            |                        | OUCTION       | and town at                      |                      |                                   |
|                           | Those c                         | Tion Million (1)           | ouing, gus iiji, pi    | impiny—size   | ana type of pun                  |                      | ELL STATUS (Producing or shut-in) |
| ATE OF TEST               | HOURS TESTED                    | CHOKE SIZE                 | PROD'N. FOR            | OILBBL.       | GAS—MC                           | F. WATER-            | -BBL.   GAS-OIL RATIO             |
|                           |                                 |                            | TEST PERIOD            |               | -                                |                      |                                   |
| LOW. TUBING PRESS.        | CASING PRESSURE                 | CALCULATED<br>24-HOUR RATE | OILBBL.                | GAS-          | -MCF.                            | WATER-BBL.           | OIL GRAVITY-API (CORR.)           |
| 4 DISPOSITION OF G        | AS (Sold, used for f            | ucl vented etc.)           |                        |               |                                  |                      |                                   |
|                           | , as (S <b>ov</b> a, acca )0, j | ace, centea, esc.,         |                        |               | ACCEPTED F                       | OR RECORD WIT        | NESSED BY                         |
| 5. LIST OF ATTACH         | MENTS                           |                            |                        | (0)           | RIG. SGD.)                       | DAVID R. GL          | Aoo                               |
|                           |                                 | ation Surve                | •                      |               | MAY Z                            | ) 1983               |                                   |
| 6. I hereby certify       | that the foregoing              | and attached infe          | ormation is comp       | lete and corr | ect as determine                 | ed from all availabl | le records                        |
| SIGNED                    | anital                          | Doden                      | TITLE _                | Product       | i o <b>nn clu</b> rthe <b>hr</b> | WISMERICO            | ATE 5-9-83                        |
| — <i>}</i>                |                                 | <del>-)</del>              | <del></del>            | •2            |                                  |                      | ****                              |
| $\nu$                     | *(See                           | Instructions and           | Spaces for A           | dditional     | Data on Reve                     | rse Side)            |                                   |

MAY 31 1983 HOBES C.D. OFFICE

## INSTRUCTIONS

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 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.

or Federal office for specific instructions. ttem 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

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, 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.

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.)

| SHOW ALL IMPORTANT ZONES OF FOROSITY AND CONTENTS THEREOF; DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING FORMATION TOP BOTTOM | TESTED, CUSHION | USED, TIME TOOL OPEN, BOTTOM | CORED IN                    | 33<br>35     | GEOLOGIC MARKERS                  |
|--|-----------------|------------------------------|-----------------------------|--------------|-----------------------------------|
| FORMATION  | TOP             | воттом                       | DESCRIPTION, CONTENTS, ETC. | NAME         | TOP  MEAS. DEPTH TRUE VERT. DEPTH |
|  |                 |                              |                             |              |                                   |
|  |                 |                              |                             | Anhydrite    | 382                               |
|  |                 |                              |                             | Salt         | 500                               |
|  |                 |                              |                             | Base of Salt | 1158                              |
|  |                 |                              |                             | Yates        | 1292                              |
|  |                 |                              |                             | Seven Rivers | 1444                              |
| • ,  |                 |                              |                             | Queen        | 2022                              |
| N. X   |                 |                              |                             | Penrose      | 2211                              |
| •  |                 |                              |                             |              |                                   |
|  |                 |                              |                             |              |                                   |
|  |                 |                              |                             |              |                                   |
|  |                 |                              |                             |              |                                   |
|  |                 |                              |                             |              |                                   |