NW OIL CONS. COM. SSICT

Drawer DD U TED STATES Artesia, NM 8823 wother instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

		GEOLOGIC	AL SURVE	Y	reverse		esignation and serial no 26 8 83
WELL CO	OMPLETION	OR RECO	MPLETION	REPORT A	AR CERSE		N, ALLOTTEE OR TRIBE NAME
1a. TYPE OF WI	ELL: OIL WEI	LL XX WELL	DRY			AH 3. UNIT AGE	REEMENT NAME
b. TYPE OF CO	MPLETION: DEE	P- PLUG	DIEF.	UEG 1			
WELLAA.	OVER EN	L BACK	DIFF. RESVR.	Other		S. FARM OR	LEASE NAME Federal
	Drilling Com	mpany	9. WELL NO				
3. ADDRESS OF OR							1
207 So	. 4th St., A	Artesia, N	M 88210				ND POOL, OR WILDCAT
4. LOCATION OF W At surface Q	90 FSL & 16.	on clearly and in	accordance with d	TO STATE RECEIVED	ED. BA	1 !	. Queen
,	70 10E G 10.	oo ini, be	C. 34-1125-	DEC 2		11. SEC., T., OR AREA	R., M., OR BLOCK AND SURVEY
At top prod. 1	nterval reported be	low	Unit N	N, Sec. 34-12S-31			
At total depth				0.0	^ D.		
			14. PERMIT N	O DATI	OF FICE	12. COUNTY PARISH	OR 13. STATE
15. DATE SPUDDED	16. DATE T.D. R	EACHED 17. DA	TE COMPL. (Ready			Chaves	
11-16-83	1		12-12-8	10. 22	evations (df, 4214.6'	REB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
20. TOTAL LEPTH, M	D & TVD 21. PLU	G, BACK T.D., MD a	TVD 22. IF MU	LTIPLE COMPL.,	23. INTER	ALS ROTARY TOO	DLS CABLE TOOLS
29251		2880'		MANY*	DRILLE	D BY 0-2925'	
24. PRODUCING INT	ERVAL(S), OF THIS	COMPLETION-TO	P, BOTTOM, NAME	(MD AND TVD)*			25. WAS DIRECTIONAL SURVEY MADE
	2760-65	5' Queen					
26. TYPE ELECTRIC	AND OTHER LOGS F	•					NO NO 27. WAS WELL CORED
	CNL/FDC; I	LL					No
28.				eport all strings set	in well)		
CASING SIZE	WEIGHT, LB./			OLE SIZE	CEME	NTING RECORD	AMOUNT PULLED
8-5/8" 5-1/2"	24# 15.5#	390		12-1/4" 7-7/8"	220		
	1000!	292.		7-770	950		
29.		LINER RECORD			30.	TUBING REC	ORD
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (M	fD) PACKER SET (MD)
			-	-	2-3/8"	2713'	-
1. PERFORATION R	ECORD (Interval, siz	e and number)	1	82. A	CID, SHOT, F	RACTURE, CEMEN	T SOUEEZE ETC
				DEPTH INTERVA			D OF MATERIAL USED
2760-6	5' w/10 .41'	' Holes		2760-65 '		w/750 g. 15%	acid. SF
						/15000 g. ge	
							6500# 20/40 sd,
33.*			PRO	DUCTION	!/	000# 10/20 s	.d.
ATE FIRST PRODUC		CTION METHOD (pumping—size and	type of pump		STATUS (Producing or it-in)
12-6-8			Pumping		·	Pr	oducing
12-12-83	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	оп.—ввг. 30	GAS-MCF.	WATER BBL	GAS-OIL RATIO
LOW. TUBING PRESS.			OIL—BBL.	GAS-MCF.	TSTM	ATER—BBL.	OIL GRAVITY-API (CORR.)
-		24-HOUR RAT	30	TST	1	1	34
4. DISPOSITION OF	GAS (Sold, used for					TEST WITNES	
5. LIST OF ATTACE	TSTM - Vented					ACMERSES	aror record
٠.	.	Survey					
6. I hereby certif	y that the foregoin	and attached i	nformation is com	plete and correct a	s determined	(ORIG. SGD.)	DAVID R. GLASS
	antil	Dx. 105	,	Date 3	C .	ששיישורט	
SIGNED	all sulled	10000010	TITLE	Production	Supervi	SOT DAME	. 12-13-83

NSTRUCTIONS

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, are a 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.), formational 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.

from 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.

Hem 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. Hems 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 pertiner to such interval.

Hem 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.

Hem 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

FORMATION	Tor	BOTTOM CEEX.	FORMATION TOP BOTTOM DESCRIPTION, CONTENTS, ETC.		TOP	T
				NAME	MEAS. DEPTH	TRUE VERT, DEPTH
				Anhydrite	1196	
				T. Salt	1290	
				B. Salt	1877	
				Yates	1995	
				Seven Rivers	21 33	
				Queen	2756	
				Penrose	2860	
					•	
						-
					-	