

NM OIL CONS. COMMISSION  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Artesia, NM 88210

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other _____
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>
			DIFF. RESVR. <input type="checkbox"/>	Other _____	
2. NAME OF OPERATOR Petroleum Exploration Company, Inc.					
3. ADDRESS OF OPERATOR Post Office Box 809, Roswell, New Mexico 88201					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FNL & 660' FEL At top prod. interval reported below Same At total depth Same					
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH Chaves	
				13. STATE NM	
15. DATE SPUDDED 3/13/84		16. DATE T.D. REACHED 3/19/84		17. DATE COMPL. (Ready to prod.) 4/1/84	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4198' GL, 4208' KB		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 3844'		21. PLUG, BACK T.D., MD & TVD 3792'		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)* 3676.5' - 3737' San Andres		25. WAS DIRECTIONAL SURVEY MADE No		26. WAS WELL CORED No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Density Compensated Neutron					
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	1123'	12 1/2"	440 sks. Pace Setter	
4 1/2"	9.5#	3832'	7-7/8"	350 sks. Class C	
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"	3647'	3582'			
31. PERFORATION RECORD (Interval, size and number) 3676.5, 77.5, 93, 94, 99, 3702.5, 05, 06, 07, 08, 13, 14, 15, 20, 21, 26, 27, 28, 29, 35, 36, & 37. - 22 Shots Total					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
3676.5-3737'		8000 Gals. 20% HCL			
33. PRODUCTION					
DATE FIRST PRODUCTION 3/29/84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump			WELL STATUS (Producing or shut-in) Producing
DATE OF TEST 4/1/84	HOURS TESTED 24 hrs.	CHOKE SIZE --	PROD'N. FOR TEST PERIOD →	OIL—BBL. 10 bbls.	GAS—MCF 52 MCF
WATER—BBL. 1 bbl.	GAS-OIL RATIO 5200-1				
FLOW. TUBING PRESS. 20 lbs.	CASING PRESSURE 20 lbs.	CALCULATED 24-HOUR RATE →	OIL—BBL. 10 bbls.	GAS—MCF 52 MCF	WATER—BBL. 1 bbl.
OIL GRAVITY-API (CORR.) 26					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented ( at this time awaiting hook - up)					TEST WITNESSED BY Wesley Bogdan
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 Wesley Bogdan TITLE Sec/Tres DATE 5/1/84

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

ACCEPTED FOR RECORD  
PETER W. CHESTER

MAY 17 1984

**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 83, 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 15:** 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 83. 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 25:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing pool.

**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 instruction for items 22 and 24 above.)

MAY 28 1981  
O.C.D.  
HOBBS OFFICE

FORMATION	TOP	BOTTOM
ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; COSED INTERVALS; AND ALL DRILL-STEM TESTS, DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		

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