

UNITED STATES M. OIL & GAS COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NO. BOX 1930
HOBBS, NEW MEXICO 88240
(See other instructions 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

Anadarko Petroleum Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 130, Artesia, NM 88211-0130 (505) 748-3368

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

At surface 1980' FNL & 1980' FEL

At top prod. interval reported below same

At total depth same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 12/26/90 16. DATE T.D. REACHED 12/30/90 17. DATE COMPL. (Ready to prod.) 01/18/91 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4068' GL & 4073' KB 19. ELEV. CASINGHEAD 4069'

20. TOTAL DEPTH, MD & TVD 2700' KB 21. PLUG, BACK T.D., MD & TVD 2677' KB 22. IF MULTIPLE COMPL., HOW MANY* Single 23. INTERVALS DRILLED AT ROTARY TOOLS CABLE TOOLS 0' - TD 0

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

Queen 2604' - 2616'

26. TYPE ELECTRIC AND OTHER LOGS RUN

Compensated Neutron Litho-Density & Dual Laterolog

28. TYPE ELECTRIC AND OTHER LOGS RUN

Compensated Neutron Litho-Density & Dual Laterolog

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED
14"	Conductor	26'	20"	None
8-5/8"	24.0	360'	12 1/4"	None
4-1/2"	11.6	2700'	7-7/8"	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
-	-	-	-	-	2-3/8"	2557'	2557'

31. PERFORATION RECORD (Interval, size and number)

2604' - 2616' (24 holes)

.32" diameter

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2604' - 16'	500 gal 7 1/2% HCL & 500 gal methanol & 48 BS.

33.* PRODUCTION
DATE FIRST PRODUCTION 01/23/91
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing

WELL STATUS (Producing or shut-in) Shut-in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
01/23/91	4-point	Variable	→	0	1243	0	--

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
0 (CAOF)	0	→	0	1243	0	--

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold to Maple after communitization and after sales line is laid.

TEST WITNESSED BY

Mike Braswell

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 Jerry E. Anshel TITLE Area Supervisor DATE 01/25/91
Comp. Neutron Litho-Density log; Dual Laterolog; deviation survey; multipoint back pressure test

*(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			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Queen	2406'	2416'	Gas = 1243 MCFPD absolute open flow (AOF) on multipoint back pressure test.	T. Salt B. Salt Yates 7-Rivers Queen	1100' 1700' 1830' 1950' 2400'	