

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

10. TYPE OF WELL

OIL WELL ☐GAS WELL ☐DRY ☐OTHER Disposal Well

b. TYPE OF COMPLETION

NEW WELL ☐WORK OVER ☒DEEPEN ☒PLUG BACK ☐DIFF. RESVR. ☐OTHER Re-Entry

c. Name of Operator

Samedan Oil Corporation

d. Address of Operator

10 Desta Drive Suite 240 East

e. Location of Well

UNIT LETTER H LOCATED 1986 FEET FROM THE North LINE AND 660 FEET FROMEast LINE OF SEC. 3 TWP. 13-S RGE. 37-E NMPM

13. Date Spudded

8-19-52

16. Date T.D. Reached

2-24-87

17. Date Compl. (Ready to Prod.)

5-12-87

18. Elevations (DF, RKB, RT, GR, etc.)

KB 3902'

19. Elev. Casinghead

20. Total Depth

12,350

21. Plug Back T.D.

22. If Multiple Compl., How Many

23. Intervals Drilled By

Rotary Tools

Cable Tools

All

24. Producing Interval(s), of this completion - Top, Bottom, Name

Disposal into Devonian only

25. Was Directional Survey Made

26. Type Electric and Other Logs Run

No new logs run

27. Was Well Cored

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>1-3/4"</u>	<u>42#</u>	<u>420'</u>	<u>15"</u>	<u>350 sx</u>	
<u>8-5/8"</u>	<u>24# & 32#</u>	<u>4530'</u>	<u>11"</u>	<u>400 sx</u>	
<u>5-1/2"</u>	<u>17#</u>	<u>12,222'</u>	<u>7-7/8"</u>	<u>300sx</u>	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
<u>3-1/2"</u>	<u>12,144'</u>	<u>12,360'</u>	<u>None</u>	<u>Slotted</u>	<u>2 7/8"</u>	<u>12,137'</u>	<u>12,137'</u>

31. Perforation Record (Interval, size and number)

Slotted liner f/12,290'-12,360'

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
<u>12,350'-12,222'</u>	<u>250 gal 15% HCL Acid</u>

33. PRODUCTION

34. First Production Date <u>3-1-87</u>		35. Production Method (Flowing, gas lift, pumping - Size and type pump) <u>Automatic Injection pump</u>				36. Well Status (Prod. or Shut-in) <u>Injection</u>	
37. Date of Test	38. Hours Tested	39. Choke Size	40. Prod'n. For Test Period	41. Oil - Bbl.	42. Gas - MCF	43. Water - Bbl.	44. Gas - Oil Ratio
45. Flow Tubing Press.	46. Casing Pressure	47. Calculated 24-Hour Rate	48. Oil - Bbl.	49. Gas - MCF	50. Water - Bbl.	51. Oil Gravity - API (Corr.)	
52. Disposition of Gas (Sold, used for fuel, vented, etc.)						53. Test Witnessed By	

54. List of Attachments

** Well on Vacuum**

55. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Div. Production ClerkDATE 2-5-88