

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYP. O. BOX 100
MIDLAND, TEXAS 79702
SUBMIT IN DUPLICATE*(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

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 Coastal Oil & Gas Corporation						5. LEASE DESIGNATION AND SERIAL NO. NM 2842-A									
3. ADDRESS OF OPERATOR P. O. Box 235, Midland, Texas 79702						6. IF INDIAN, ALLOTTEE OR TRIBE NAME									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface Unit K, 1980' FSL & 1980' FWL At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME									
14. PERMIT NO. _____ DATE ISSUED _____						8. FARM OR LEASE NAME Federal "20"									
15. DATE SPUDDED 10-23-83						9. WELL NO. 5									
16. DATE T.D. REACHED 11-14-83						10. FIELD AND POOL, OR WILDCAT Undesignated Abo									
17. DATE COMPL. (Ready to prod.) 4-10-87						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 20, T-13-S, R-33-E									
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4282 DF						12. COUNTY OR PARISH Lea									
19. ELEV. CASINGHEAD 4269'						13. STATE New Mexico									
20. TOTAL DEPTH, MD & TVD 9878'						24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 8890' - 8913' Abo									
21. PLUG, BACK T.D., MD & TVD 9670'						25. WAS DIRECTIONAL SURVEY MADE No									
22. IF MULTIPLE COMPL., HOW MANY* _____						26. TYPE ELECTRIC AND OTHER LOGS RUN GR/Sidewall Neutron Porosity, Minilog, DIL (sent in 1983)									
23. INTERVALS DRILLED BY _____						27. WAS WELL CORED No									
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
13 3/8"		68		395'		17 1/2"		450 sacks							
8 5/8"		24 & 32		4091'		11"		1675 sacks							
5 1/2"		17 & 20		9878'		7 7/8"		425 sacks							
29. LINER RECORD								30. TUBING RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
8890' - 8897' .31" 14 holes								DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
8907' - 8913' .31" 12 holes								8890' - 8913 OA				Broke down perfs with 1500 gal 15% HCl. Acidized perfs with 5000 gal 15% gelled acid.			
33.* PRODUCTION															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)							
4-11-87		1 1/4" Rod Pump						Producing							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
4-12-87		24				→		30		20		31		667	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
				→		30		20		31		42			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Fuel use								ACCEPTED FOR RECORD Cf				TEST WITNESSED BY C. D. Tate			
35. LIST OF ATTACHMENTS Form 3160-S, Form C-104								APR 20 1987							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED B. L. Smith <i>BL Smith</i>								TITLE Petroleum Engineer				DATE 4-14-87			

*(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
This information sent 1-12-84 on original completion.						

HOBBS OFFICE
OCD
APR 21 1987
RECEIVED