

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions 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. CESER. ☐Other ☐

2. NAME OF OPERATOR

Lynx Petroleum Consultants, Inc.

OIL & GAS

3. ADDRESS OF OPERATOR

P.O. Box 1666 - Hobbs, NM 88240

MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

At surface 330' FSL & 1650' FWL

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

9/7/82

15. DATE SPUDDED

1/14/83

16. DATE T.D. REACHED

1/24/83

17. DATE COMPL. (Ready to prod.)

2/10/83

18. ELEVATIONS (OF, RKB, RT, GR, ETC.)*

4013' GR

20. TOTAL DEPTH, MD & TVD

4212'

21. PLUG, BACK T.D., MD & TVD

4170'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

4014'

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

4125'-58' and 4020'-30' San Andres

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR-CNL-FDC-DLL-MSFL-CCL-CBL

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#	814'	12 1/8"	480 sxs Circulated	None
5 1/2"	17#				
5 1/2"	15.5#	4212'	7 7/8"	1200 sxs Circulated	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8	4165'	-

31. PERFORATION RECORD (Interval, size and number)

4174'-84', 4125'-27', 4144'-58'

4020'-30'

0.41" dia. 1 JSPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4174'-84'	20 bbls 15% HCL
4125'-58'	36 bbls 15% HCL
4020'-30'	20 bbls 15% HCL 16000 gals gel & 19000# 20-40 sand

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
2/10/83		swab					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
2/14/83	10 Hrs	-	→	38	10 est	12	263	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
0	0	→	91	24	29	37		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)								

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

vented

35. LIST OF ATTACHMENTS

Deviation Survey

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Marc Wise

TITLE

President

DATE 2/16/83

*(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.), formations 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	MEAN. DEPTH	TRUE VERT. DEPTH
Yates	2159'	2473'	O, G, & W	Anily.	790'	790'
7-Rivers	2473'	3119'	O, G, & W	E. Salt	851'	851'
Queen	3119'	3501'	G & W	B. Salt	2002'	2002'
Grayburg	3501'	3893'	O, G, & W	Yates	2159'	2159'
San Andres	3893'	TD	O, G, & W	7-Rivers	2473'	2473'
				Queen	3119'	3119'
				Grayburg	3501'	3501'
				San Andres	3893'	3893'

SEP 22 1986
HOBBS OFFICE

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SEP 22 1986
O. C. D.
ARTESIA OFFICE