

CONFIDENTIAL

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

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						7. UNIT AGREEMENT NAME	
Santa Fe Energy Operating Partners, L.P.						8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR						9. WELL NO.	
500 W. Illinois, Suite 500, Midland, TX 79701						1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						10. FIELD AND POOL, OR WILDCAT	
At surface 2466' FNL & 1980' FEL of Sec. 5						(New Field) Wolfcamp	
At top prod. interval reported below						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
At total depth						Sec. 5, 16S, 34E	
14. PERMIT NO.				DATE ISSUED			
N/A				10-2-86			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*	
10-16-86		12-2-86		1-8-87		4143.5' GL	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
13,337'		10,945'		N/A		All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
10,176-10,192' Wolfcamp						Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
Dual induction, Borehole Compensated Sonic, Compensated Neutron						No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13 3/8		68 & 54.5		455		17 1/2	
8 5/8		24 & 28		4543		11	
5 1/2		20 & 23		11,232		7 7/8	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
SIZE		TOP (MD)		BOTTOM (MD)		DEPTH INTERVAL (MD)	
						AMOUNT AND KIND OF MATERIAL USED	
						11,043-11,101	
						Acidz w/6000 gal 15% NEFE HCl	
						CIBP @ 10,980 w/35' cmt on top	
						10,176-10,192	
						Acidz w/1600 gal 15% NEFE HCl	
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
1-8-87		Flow				SI	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
1-12-86		13		18/64		363	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
750		Pkr				670	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY		ACCEPTED FOR RECORD		DATE	
Vented		Fm		FEB 05 1987		1-20-87	
35. LIST OF ATTACHMENTS		SIGNED		TITLE		DATE	
Logs, deviation tests, CIDZ		Billie Wood		Sr. Prod. Clerk		CARLSBAD, NEW MEXICO	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							

*(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.)

Note: Per BLM Instructions, 12-6-86, set 4 cmt plugs: #1 - 35 SX CL H @ 13,330-13,250'
#2 - 25 SX CL H @ 12,902-12,802'
#3 - 25 SX CL H @ 12,110-12,010'
#4 -113 SX CL H @ 11,450-11,120'

37. SUMMARY OF FORMER ZONES:			38. GEOLOGIC MARKERS	
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				
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH
	5061	5181	Penrose	3960
	12745	12777	Tubb	7265
	13036	13053	Wolfcamp	9656
	11052	11238	Cisco	11043
	11033	11238	Strawn	12060
	11002	11126	Atoka Ls.	12401
	10092	10200	Morrow	12860
			Chester	13250
DST #1 (10-30-86) DST #2 (11-26-86) DST #3 (11-29-86) DST #4 (12-8-86) pkr failed DST #5 (12-9-86) pkr failed DST #6 (12-11-86) pkr failed DST #7 (12-12-86) See attached sheet for DST test results.				

RECEIVED
FEB 29 1988
HOBBS OFFICE