

N. M. OIL CONS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN DUPLICATE
NEW MEXICO 88240
(See other instructions on reverse side)Form approved.
Budget Bureau No. 1-1300-1

5. DEPARTMENT AND SERIAL NO.

LC-058514

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pearsall BX

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Maljamar Grbg SA

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 34-T17S-R32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

Marbob Energy Corporation

3. ADDRESS OF OPERATOR

P. O. Drawer 217, Artesia, NM 88210

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

At surface

330 FNL 330 FEL

At top prod. interval reported below

same

At total depth

same

14. PERMIT NO.

30-025-30696

DATE ISSUED

DEC 04 1989

15. DATE SPUDDED 10/23/89 16. DATE T.D. REACHED 10/31/89 17. DATE COMPL. (Ready to prod.) 11/20/89 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3958' GR 19. ELEV. CASINGHEAD 3949.0' GR

20. TOTAL DEPTH, MD & TVD 4712' 21. PLUG, BACK T.D., MD & TVD 4640' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-4715' ROTARY TOOLS CABLE TOOLS

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

4292-4395' Grbg SA

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

DSD, CNL, LML

27. WAS WELL CORED

No

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

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	1288'	12 1/4"	800 sx	none
5 1/2"	17#	4697.92'	7 7/8"	1300 sx	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8"	4425'	

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

4292-4595'

SEE ATTACHED

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
SEE ATTACHED	

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
11/20/89		Pumping-2"				Prod.	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11/21/89	24		—————→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		—————→	80	TSTM	load wtr		

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

TEST WITNESSED BY

Robert C. Chase

35. LIST OF ATTACHMENTS

Deviation survey, perfs & treatment, logs will be sent upon receipt.

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

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE

11/22/89

*(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
				T. Salt	1268	
				B. Salt	2365	
				T. Queen	3440	
				T. San Andres	4255	

RECEIVED
DEC 10 1969
OCD
WORKS OFFICE