

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 I.A.

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESVR. ☒ Other _____

2. NAME OF OPERATOR

Mobil Producing TX. & N.M. Inc.

3. ADDRESS OF OPERATOR

9 Greenway Plaza, Suite 2700, Houston, Texas 77046

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

At surface 1980'FNL & 660'FEL, Sec.14, T18S, R33E

At top prod. interval reported below same as surface

At total depth same as surface

14. PERMIT NO.

DATE ISSUED

5. LEASE DESIGNATION AND SERIAL NO.

USA (LC 063645)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Carper Sivley Federal "A" Fed

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

E-K Yates 7-Rivers Queen

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

Sec.14, T18S, R33E

12. COUNTY OR PARISH
Lea13. STATE
New Mexico

15. DATE SPUDDED 4/23/84 16. DATE T.D. REACHED --- 17. DATE COMPL. (Ready to prod.) 5/04/84 18. ELEVATIONS (DF, REB, BT, GR, ETC.)* 3947 GR, 3958 DF 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 4335 21. PLUG, BACK T.D., MD & TVD 3660 22. IF MULTIPLE COMPL., HOW MANY* --- 23. INTERVALS DRILLED BY --- ROTARY TOOLS CABLE TOOLS

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

NONE

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED

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#	295	NA		
5-1/2	14#	4299	NA		

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

2824-2773 (casing leaks)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4278-4335	Squeezed w/25x C cement
4240-4190	Cement Retainer w/5x cement cap
3710-3660	C.I.B.P. w/3x cement cap
2824-2773	Squeezed w/200x C cement

33.*

PRODUCTION

DATE FIRST PRODUCTION NONE PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in) shut-in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

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

ACCEPTED FOR RECORD

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Form 9-331

MAY 23 1984

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

SIGNED Paula A. Collins

TITLE Authorized Agent
NEW MEXICO

DATE 05/17/84

*(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 36.

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 19: 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: "Racks 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH

RECEIVED
JUN 1 1984
O.C.D.
HOBBS OFFICE