

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____ | | | | 5. LEASE DESIGNATION AND SERIAL NO. NM-0556094 | |
| b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____ | | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 2. NAME OF OPERATOR Burleson & Huff | | | | 7. UNIT AGREEMENT NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 935, Midland, Texas 79701 | | | | 8. FARM OR LEASE NAME Superior Federal | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' from the North & East line of Section 33, T-18-S, R-32-E, Lea County, New Mexico At top prod. interval reported below Same At total depth Same | | | | 9. WELL NO. 1 | |
| 14. PERMIT NO. _____ DATE ISSUED _____ | | | | 10. FIELD AND POOL, OR WILDCAT Undesignated | |
| 15. DATE SPUDDED 11-5-72 | | | | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 33, T-18-S, R-32-E | |
| 16. DATE T.D. REACHED 1-30-73 | | | | 12. COUNTY OR PARISH Lea | |
| 17. DATE COMPL. (Ready to prod.) _____ | | | | 13. STATE N. M. | |
| 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3713.4 GR | | | | 19. ELEV. CASINGHEAD 3715 | |
| 20. TOTAL DEPTH, MD & TVD | | 21. PLUG, BACK T.D., MD & TVD | | 22. IF MULTIPLE COMPL., HOW MANY* | |
| | | | | 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS yes | |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None | | | | 25. WAS DIRECTIONAL SURVEY MADE No | |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron | | | | 27. WAS WELL CORED No | |
| 28. CASING RECORD (Report all strings set in well) | | | | | |
| CASING SIZE | | WEIGHT, LB./FT. | | DEPTH SET (MD) | |
| 10 3/4" | | 40# | | 697' | |
| 8 5/8" | | 24# | | 1315' | |
| 13 3/8" | | 48# | | 370' | |
| HOLE SIZE | | CEMENTING RECORD | | AMOUNT PULLED | |
| 13" | | 375' sx circulated | | | |
| 10" | | None | | 1315' | |
| 15" | | None | | 370' | |
| 29. LINER RECORD | | | 30. TUBING RECORD | | |
| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SIZE | DEPTH SET (MD) |
| | | | | | |
| 31. PERFORATION RECORD (Interval, size and number) | | | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. | | |
| | | | DEPTH INTERVAL (MD) | | |
| | | | AMOUNT AND KIND OF MATERIAL USED | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 33.* PRODUCTION | | | | | |
| DATE FIRST PRODUCTION | | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) | | | WELL STATUS (Producing or shut-in) |
| None | | | | | P.A. |
| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF. |
| | | | | | |
| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL—BBL. | GAS—MCF. | WATER—BBL. |
| | | | | | |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) | | | | | TEST WITNESSED BY |
| | | | | | |
| 35. LIST OF ATTACHMENTS 2 copies of Gamma Ray Neutron Log | | | | | |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records | | | | | |
| SIGNED <i>Jim W. Wadlington</i> | | TITLE <i>Asst. Dir.</i> | | DATE 3-28-73 | |

*(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 (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 33.

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 13: 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; CORREL 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. | NAME | GEOLOGIC MARKERS | |
|--------------|------|--------|------------------------------|-----------|------------------|------------------|
| | | | | | MEAS. DEPTH | TRUE VERT. DEPTH |
| Red Beds | 0 | 1137 | Red Shale, Red Sand | | | |
| Anhydrite | 1137 | 1397 | Anhydrite | Anhydrite | 1137 | 1137 |
| Salt | 1305 | 2475 | Salt and Anhydrite stringers | Top Salt | 1305 | 1395 |
| Dolomite | 2475 | 2680 | Dolomite | Bone Salt | 2475 | 2475 |
| Yates Sand | 2680 | 3200 | Sand, Dolomite and Anhydrite | Yates | 2680 | 2680 |
| Seven Rivers | 3200 | 3860 | Dolomite, Sand and Anhydrite | Queen | 3860 | 3860 |
| Queen | 3860 | 4100 | Sand, Dolomite and Anhydrite | | | 4100 |