

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION:		NEW WELL ☐ WORK OVER ☐ DEEP-EN ☒ PLUG BACK ☐ DIFF. RESVR. ☐ Other <u>Re-entry</u>		8. FARM OR LEASE NAME	
2. NAME OF OPERATOR		TXO Production Corp.		Sprinkle Federal	
3. ADDRESS OF OPERATOR		900 Wilco Bldg. Midland, TX 79701		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 660 FNL & 1980 FWL		2	
At top prod. interval reported below		At total depth		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
Case#8698		9-24-85		Sec. 26, T-18-S, R-32-E	
15. DATE SPUDDED		16. DATE T.D. REACHED		12. COUNTY OR PARISH	
10-3-85		10-20-85		Lea	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		13. STATE	
11-12-85		3758 GL & 3773 K3		N. Mexico	
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		19. ELEV. CASINGHEAD	
8711		8661			
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)*		25. WAS DIRECTIONAL SURVEY MADE			
8542-74 (Bone Springs)		No			
26. TYPE ELECTRIC AND OTHER LOGS RUN		27. WAS WELL CORED			
DSN/CDL; DGMG		No			
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
5 1/2	17 & 15.5	8711	7 7/8	1050 sx "C"	
				900 sx 50/50 poz	
				Calculated Top of cement	
				2200'	
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)					
8542-8574					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
8542-74		3 1/8" gun, 8 holes, spt w/250 gal 15% NEFE, frac w/40,000 gal gel & 51,000# 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)	
11-13-85		Flowing		Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
11-13-85	24	16/64		136	140
FLOW. TUBING PRESS.	CASING PRESSURE	24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
350	N/A		136	140	14
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					OIL GRAVITY-API (CORR.)
vented					45.6
35. LIST OF ATTACHMENTS					TEST WITNESSED BY
C-129, C104, Inclination, Logs					Tom Martin
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED		TITLE		DATE	
Cecilia Henderson		CARRIED ASST.		11-15-85	

**(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 geologic maps, 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 25.

Item 4: If there are to 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 a 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: "Scale of Completion." 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.)

38. GEOLOGIC MARKERS		39. DESCRIPTION, CONTENTS, ETC.		40. CORED INTERVALS AND ALL DRILL STEM TESTS, INCLUDING THE PERCENTAGE OF THE PERCENTAGE, AND DISCOVERIES	
NAME	MEAS. DEPTH	TOP	BOTTOM	TOP	TRUE VERT. DEPTH
Bone Spring	6944		8572		
1st Bone Spring Sand	8376				
		Sandstone- fine-v. Fine. sub ang-sub rounded, fairly well sorted fairly well cemented, pyritic, buff-tan, some grey, intergranular porosity.			

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