

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions 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 ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR Inexco Oil Company						14. PERMIT NO.	
3. ADDRESS OF OPERATOR 1100 Milam Bldg., Suite 1900, Houston, TX						DATE ISSUED 5-14-77	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FNL and 660' FEL At top prod. interval reported below SE NE 7-19S-33E At total depth SE NE 7-19S-33-E						10. FIELD AND POOL, OR WILDCAT West Lonto	
15. DATE SPUDDED 2-19-77						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 7-19S-33E	
16. DATE T.D. REACHED 5-9-77						12. COUNTY OR PARISH LEA	
17. DATE COMPL. (Ready to prod.) 6-10-77						13. STATE New Mexico	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3665 GR						19. ELEV. CASINGHEAD 3689	
20. TOTAL DEPTH, MD & TVD 13,647		21. PLUG, BACK T.D., MD & TVD 13,347		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY XXX	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Morrow 13234-13324						25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Laterolog, Density Sonolog, GR Density Neutron						27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13 3/8		48		510		17 1/2	
8 5/8		24		5109		11	
5 1/2		17		13647		7 7/8	
CEMENTING RECORD		AMOUNT PULLED					
510 SX		None					
2410 SX		None					
575 SX		None					
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
2 7/8		13110		13110		PACKER SET (MD)	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 7/8		13110		13110			
31. PERFORATION RECORD (Interval, size and number)							
13,320-324 2 SPF							
13,288-295 2 SPF							
13,234-258 2 SPF							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
None				None			
33.* PRODUCTION							
DATE FIRST PRODUCTION 6-1-77		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut in	
DATE OF TEST 6-1-77		HOURS TESTED 5		CHOKE SIZE 24/64		PROD'N. FOR TEST PERIOD →	
FLOW. TUBING PRESS. 2100		CASING PRESSURE 0		CALCULATED 24-HOUR RATE →		OIL—BBL. 154	
GAS—MCF. 4,480		WATER—BBL. 0		GAS-OIL RATIO 29156			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented for test							
35. LIST OF ATTACHMENTS None							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED Marion Tebbis		TITLE Production Engineer				DATE 6-3-77	

Marion Tebbis

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
	3100	3100 3600 5700 5900 7600 8800 10400 10860 11030 12100 12420 13100 13647 TD	Salt & anhydrite Anhydrite Dolomite & Sand Limestone Sand & Shale Limestone & Shale Limestone, Sand, & Shale Sand & Limestone Limestone Shale & Limestone Limestone Limestone & Shale Sand, Limestone, & Shale	Bone Spring Wolfcamp Strawn Atoka Morrow "B"	7620 10865 12130 12421 13188	7620 10865 12130 12421 13188