	Bone Spring	t a torong torong to	Delaware	FORMATION	37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING	General: This form is designed for submit or both, pursuant to applicable Federal and submitted, particularly with regard to loc and/or State office. See instructions on 11 If not filed prior to the time this summary tion and pressure tests, and directional s should be listed on this form, see item 35. Item 4: If there are no applicable State or Federal office for specific instructions. Item 32: and 24: If this well is completed interval, or intervals, top(s), bottom(s) for each additional interval to be separal item 33: Submit a separate completion re	
	9861	6858	6367	TOP	OUS ZONES: RTANT ZONES OF I TESTED, CUSH10)	designed for s pplicable Feder r with regard t t and the regard t s time this sum t applicable s to applicable s to applicable s to applicable s to applicable s to startucto en elevation is en elevation is top(s), bottom terval to be set nt": Attached nt": Attached	
+ 1 	9990 20-20-20042 (*	6950	6560	BOTTOM	NUSED, TIME TOOL	This form is designed for submitting a complete a pursuant to applicable Federal and/or State laws a 1, particularly with regard to local, area, or regions 1, particularly with regard to local, area, or regions 1, pressure the time this summary record is submitted pressure tests, and directional surveys, should be ; e listed on this form, see item 35. Indicate which elevation is used as reference (wh and 24: If this well is completed for separate prod or intervals, top(s), bottom(s) and name(s) (if a additional interval to be separately produced, sho "Sacks Cement": Attached supplemental records for Submit a separate completion report on this form	
inued Attachment	<pre>DSI #3: 10"90"120"240 : 013 11 5 ; 90# on 1/2" choke; 675 MCFPD; oil to surface in 12" on 2nd flow. Stabs @ 320# on 1/2" choke ; making heads fresh water; Flowed @ 360# on 1/4" ck. dec. to 330#. Opened to 1/2" ck; unloaded head of water and stab. @ 360#. Flowed est: 40 BO; 10% FW, Circ. out 50 bbls: 0il. Recov. 50'0011.</pre>	<pre>FPD. 400' mud & SW &GC oil; 43.4^og SV & GC oil; 1400' GCSW-141,000 SW & GC oil; 1400' GCSW-141,000 GO IHP; 3080 FHP; IF 191; FE 609; A1; FSIP 2674; BHT 1129; MFE 2.8cc S psi; 1020 cc oil; 840 cc SW.</pre>	- 15"-60"90"180"; GTS 45" TST red 200' F0; 400' H0 & GCDF; 2 CSW; 1500' s11. 0&GC SW; 143.0 des; 42.6° gravity; MFE recov. oil; 1680 cc SW; IHP 2728; FH o FFP 1445; ISIP 2345; FSIP 23 8°F.	DESCRIPTION, CONTENTS, ETC.	CORED INTERVALS; AND ALL DRIL AND SHUT-IN PRESSURES, AND RE	nd correct well completion report and log on all ty nd regulations. Any necessary special instruction all procedures and practices, either are shown belo 1 23, below regarding separate reports for separat ed, copies of all currently available logs (drillers, attached hereto, to the extent required by applic tions on Federal or Indian land should be descri- tions on Federal or Indian land should be descri- tere not otherwise shown) for depth measurement uction from more than one interval zone (multiple any) for only the interval reported in item 32. S any the additional data pertinent to such interval or this well should show the details of any multip for each interval to be separately produced. (Se	INSTRUCTIONS
	н Настан († 1171) Настан († 1171)	Strawn Atoka Morrow	rrs rre pring	NAME	38. G EO J	It types of lands and leases to either a Federal agency or a State agency, titons concerning the use of this form and the number of copies to be below or: will be issued by, or may be obtained from, the local Federal trate completions. Frs, geologists, sample and core analysis, all types electric, etc.), forma- plicable Federal and/or State laws and regulations. All attachments scribed in accordance with Federal requirements. Consult local State nents given in other spaces on this form and in any attachments. iple completion), so state in item 22, and in item 24 show the producing type. Submit a separate report (page) on this form, adequately identified, rval. (See instruction for items 22 and 24 above.)	
ere Televisione Televisione	n no paar : Nie on hoefen e	11568 19 19 19 19 19 19 19 19 19 19 19 19 19 1	1270 2966 4000 7155 7155	H	GEOLOGIC MARKERS	a Federal agency or m and the number e obtained from, th sis, all types electri and regulations. <i>L</i> requirements. Com yrm and in any atta and in item 24 show on this form, adeque m of the cementing above.)	
871-233		(-7853) (-8225) (-8537)	(+2445) (+749) (+265) (-285) (-1962) (-6692)		•	y or a State agency, iber of copies to be a, the local Epderal ectric, etc.), forma- s. All attachments Consult local State attachments, show the producing lequately identified, ting tool.	

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