

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 _____

2. NAME OF OPERATOR

3. ~~ADDRESS OF OPERATOR~~ Exploration Company

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

At surface

At top prod. interval reported below

At total depth

Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, CR, ETC.) *	19. ELEV. CASINGHEAD
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20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS	24. ROTARY TOOLS	25. CABLE TOOLS
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24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

26. TYPE ELECTRIC AND OTHER LOGS RUN	5750' to 5820' Lea Bone Springs	No
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26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED

28. ~~Micro - 3000 system Cased hole log to~~ **CASING RECORD** (Report all strings set in well)

Casing Record - (Report all strings set in well)					
Casing Size	Weight, lb./ft.	Depth Set (MD)	Hole Size	Cementing Record	Amount Pulled
13 3/8		500	17 1/2	Set by Inxoco	
7 5/8		510	12 1/4	Set by Inxoco	
5 1/2	15.5 & 17	520	7 7/8	275 ex 50/50 Poz 4	7500'

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

[illegible]

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3795' - 3820'	W/1 4" shot/ft (25 holes)	4000 gals 15% DS-30 acid	

33.* PRODUCTION

PRODUCTION		
DATE FIRST PRODUCTION	PRODUCTION METHOD (<i>Flowing, gas lift, pumping—size and type of pump</i>)	WELL STATUS (<i>Producing or</i>)

10/25/57	1. 1 1/4" : 1	WELL STATUS (Producing or shut-in)
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DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR	OIL—BBL.	GAS—MCF	Producing
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DATE OF TEST	HOLES TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	PRODUCT			
				OIL-BBL.	GAS-MCF.	WATER-BBL.	GAS-OIL RATIO
12/1/41	1	14	100	100	100	100	100

12/30/85	24	Mg	→			
FLOW TUBING PRESS.	CASING PRESSURE	CALCULATED				

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

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

TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS

~~040 18 1995 01 change~~

36. I hereby certify that the foregoing and attached information always was true on this receipt.

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

SIGNED Karl A. Gansler SPECIAL AGENT IN CHARGE

SIGNED Mike A. Saylor TITLE Agent DATE 12/11/85

*** (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.), 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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			This well is a ree try with only cement plugs drilled out - no formation drilled. The geologic markers were obtained from the original Form 9333 filed June 1, 1951 by I Gaco	* Rustler Delaware land Bone Springs line Second Bone Springs		1303' 5008' 7511' 8701'

RECEIVED
DEC 16 1985
O.C.D.
HOBBS OFFICE