

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION

P. O. BOX 1486
HOBBS, NEW MEX. 88240Form approved.
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.

NM-0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Dry Hole	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR C. W. Trainer	8. FARM OR LEASE NAME McElvain
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88241	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2086' FNL & 2002' FWL of Sec. 30	10. FIELD AND POOL, OR WILDCAT Undes EK Bone Springs
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T18S, R34E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3907.8 GR	12. COUNTY OR PARISH Lea
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Plugged & abandoned 1/24/83 as follows:

55 sacks cement 9330-9480

55 sacks cement 7500-7650

55 sacks cement 1700-1850

Tagged top of plug with wire line

10 sacks at surface with regulation marker

RECEIVED
FEB 8 1983
OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Agent

DATE 2/7/83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JAN 22 1990

GOV
HOBBS OFFICE

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

HOBBS, NEW MEXICO 88249

NM - 0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <u>C. W. Trainer</u>					
3. ADDRESS OF OPERATOR <u>c/o Oil Reports & Gas Service, Inc. Box 763, Hobbs, NM 88241</u>					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* <u>At surface 2086' FNL & 2002' FNL of Sec 30</u>					
<u>At top prod. interval reported below</u>					
<u>At total depth</u>					
14. PERMIT NO.			DATE ISSUED		
15. DATE STUDDER		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
<u>12/21/82</u>		<u>1/21/83</u>			
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL. HOW MANY*	
<u>10,260</u>					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION TOP, BOTTOM, NAME (MD AND TVD)*				23. INTERVALS DRILLED BY	
<u>None - P&A 1/24/83</u>				<u>0 - TD</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN				25. WAS DIRECTIONAL SURVEY MADE	
<u>Neutron - Gamma Ray, Densilog</u>				<u>NO</u>	
				27. WAS WELL CORED	
				<u>No</u>	

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>13 3/8</u>	<u>48#</u>	<u>360</u>	<u>17 1/2</u>	<u>300</u>	<u>None</u>
<u>8 5/8</u>	<u>24# & 28#</u>	<u>4750</u>	<u>11</u>	<u>725</u>	<u>None</u>

LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
DATE OF TEST	HOURS TESTED	CHUCK SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		35. TEST WITNESSED BY	

LIST OF ATTACHMENTS

2 copies Electric log

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

SIGNED [Signature] TITLE Agent DATE 3/29/83

ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID R. GLASS
APR 01 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*(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, 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:				38. GEOLOGIC MARKERS	
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				NAME	MEAS. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		
				Rustler Yates San Andres Bone Springs 3rd sand	1700 2970 5060 7645 9705

RECEIVED
APR 4 1983
O.C.D.
HOBBS OFFICE