

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

|                        |  |
|------------------------|--|
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| LAND OFFICE            |  |
| OPERATOR               |  |

|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |
| B-1446                                    |                              |
| 7. Unit Agreement Name                    |                              |
| West Vacuum Unit                          |                              |
| 8. Farm or Lease Name                     |                              |
| West Vacuum Unit                          |                              |
| 9. Well No.                               |                              |
| 55                                        |                              |
| 10. Field and Pool, or Wildcat            |                              |
| Vacuum, Grayburg, San Andres              |                              |
| 12. County                                |                              |
| Lea                                       |                              |

|                                                                                                  |                                                           |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1a. TYPE OF WELL                                                                                 |                                                           |
| OIL WELL <input type="checkbox"/>                                                                | GAS WELL <input type="checkbox"/>                         |
| DRY <input type="checkbox"/>                                                                     | OTHER <input checked="" type="checkbox"/> Water Injection |
| b. TYPE OF COMPLETION                                                                            |                                                           |
| NEW WELL <input checked="" type="checkbox"/>                                                     | WORK OVER <input type="checkbox"/>                        |
| DEEPEN <input type="checkbox"/>                                                                  | PLUG BACK <input type="checkbox"/>                        |
| DIFF. RESVR. <input type="checkbox"/>                                                            | OTHER <input type="checkbox"/>                            |
| 2. Name of Operator                                                                              |                                                           |
| TEXACO Inc.                                                                                      |                                                           |
| 3. Address of Operator                                                                           |                                                           |
| P. O. Box 728, Hobbs, New Mexico 88240                                                           |                                                           |
| 4. Location of Well                                                                              |                                                           |
| UNIT LETTER <u>A</u> LOCATED <u>170</u> FEET FROM THE <u>North</u> LINE AND <u>110</u> FEET FROM |                                                           |
| THE <u>East</u> LINE OF SEC. <u>3</u> TWP. <u>18-S</u> RGE. <u>34-E</u> NMPM                     |                                                           |
| 15. Date Spudded                                                                                 | 16. Date T.D. Reached                                     |
| 3-4-83                                                                                           | 3-13-83                                                   |
| 17. Date Compl. (Ready to Prod.)                                                                 | 18. Elevations (DF, R&B, RT, GR, etc.)                    |
| 3-18-83                                                                                          | 4022' (GR)                                                |
| 19. Elev. Casinghead                                                                             | 4022'                                                     |
| 20. Total Depth                                                                                  | 21. Plug Back T.D.                                        |
| 4800'                                                                                            | 4728'                                                     |
| 22. If Multiple Compl., How Many                                                                 | 23. Intervals Drilled By                                  |
|                                                                                                  | Rotary Tools                                              |
|                                                                                                  | 0-4500'                                                   |
| 24. Producing Interval(s), of this completion - Top, Bottom, Name                                | 25. Was Directional Survey Made                           |
| 4522'-4660' Grayburg - San Andres                                                                | NO                                                        |
| 26. Type Electric and Other Logs Run                                                             | 27. Was Well Cored                                        |
| Gamma - Ray - Compensated Neutron                                                                | NO                                                        |

## CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|----------------|-----------|-----------|------------------|---------------|
| 13 3/8"     | 48#            | 378'      | 17 1/2"   | 450 SX.          | -0-           |
| 9 5/8"      | 36#            | 1660'     | 12 1/2"   | 800 SX.          | -0-           |
| 5 1/2"      | 15.5#          | 4800'     | 7 7/8"    | 2000 SX.         | -0-           |

| LINER RECORD |     |        |              | TUBING RECORD |        |           |
|--------------|-----|--------|--------------|---------------|--------|-----------|
| SIZE         | TOP | BOTTOM | SACKS CEMENT | SCREEN        | SIZE   | DEPTH SET |
|              |     |        |              |               | 2 3/8" | 4402'     |
|              |     |        |              |               |        | 4402'     |

| 31. Perforation Record (Interval, size and number)                                                                                                                        | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| W/2-JSPF @ 4522', 25, 29, 35, 38, 45, 47, 56, 59, 62, 65, 67, 70, 73, 76, 80, 86, 89, 92, 95, 4600', 07, 09, 11, 14, 19, 21, 24, 28, 28, 30, 35, 39, 52, 56, 56, & 4660'. | DEPTH INTERVAL<br>4522'-4660'                                                  |
|                                                                                                                                                                           | AMOUNT AND KIND MATERIAL USED<br>9000 Gals 15% NEPE Acid &<br>107 Ball Sealers |

|                                                            |                                                                     |
|------------------------------------------------------------|---------------------------------------------------------------------|
| 33. PRODUCTION                                             |                                                                     |
| Date First Production                                      | Production Method (Flowing, gas lift, pumping - Size and type pump) |
| NO TEST                                                    | Well Status (Prod. or Shut-in)                                      |
|                                                            | SHUT-IN                                                             |
| Date of Test                                               | Hours Tested                                                        |
| Choke 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.) |                                                                     |
| Test Witnessed By                                          |                                                                     |

|                                                                                                                                         |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 35. List of Attachments                                                                                                                 |                  |
| Shut-In Water Injection, Waiting on Water Line, 3-18-83                                                                                 |                  |
| 36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief. |                  |
| SIGNED                                                                                                                                  | TITLE            |
| <i>[Signature]</i>                                                                                                                      | Asst. Dist. Mgr. |
| DATE                                                                                                                                    | 3-22-83          |