Form 9-330
(Rev. 5-63)

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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*

5. LEASE DESIGNATION AND SERIAL NO.: NM-0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: McElvain

2. NAME OF OPERATOR: C. W. Trainer

9. WELL NO.: 5

3. ADDRESS OF OPERATOR: c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

10. FIELD AND POOL, OR WILDCAT: EK Bone Springs

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface 660' FSL & 810' FWL of Section 25
At top prod. interval reported below
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 25, T18S, R33E

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: Lea | 13. STATE: NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
1/17/85	2/5/85	2/18/85	3830.6 GR	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
10000	9960		→	0-TD	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
9470-9478 Bone Springs

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED: No

28. 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	61#	350	17 1/2	350	None
8 5/8	24# & 32#	3700	11	1300	None
5 1/2	23#	10000	7 7/8	1150	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8	9490	No

31. PERFORATION RECORD (*Interval, size and number*)
9470-73, 9475-78, 4 shots per foot, 0.50"

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
9470-78	2000 gal 7 1/2% SRA, 70,000 gal cross-link gel, 135 tons CO_2 & 150,000# 20/40 sand

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
2/18/85	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2/25/85	24			186	325	4	1747

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
						38°

ACCEPTED FOR RECORD
MAR 1 1985

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

TEST WITNESSED BY: Earl Broom

35. LIST OF ATTACHMENTS

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

SIGNED Donna Walker TITLE Agent Carlsbad NEW MEXICO DATE 3/7/85

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Bone Springs	9470	9478	Producing Interval

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Queen	4330	
Penrose	4600	
Delaware	4780	
Bone Springs	7680	
1st Bone Springs Sand	8770	
2nd B S Sand	9450	
3rd B S Sand	9680	

RECEIVED
MAR 13 1985

U.S. GOVERNMENT PRINTING OFFICE: 1983—O-688636
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Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

U. S. GEOLOGICAL SURVEY
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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 Form 9-331-C for such proposals.)

1. oil well [X] gas well [ ] other

2. NAME OF OPERATOR
C. W. Trainer

3. ADDRESS OF OPERATOR
P.O. Box 755, Hobbs, New Mexico 88241

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 810' FWL of Sec. 25
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM-0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
McElvain

9. WELL NO.
5

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T18S, R33E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.
30-025-29051

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3830.6 GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	[ ]	[X]
FRACTURE TREAT	[ ]	[ ]
SHOOT OR ACIDIZE	[ ]	[ ]
REPAIR WELL	[ ]	[ ]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[ ]	[ ]
ABANDON*	[ ]	[ ]
(other)		

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Spud 7:00 AM 1/17/85. Cemented 13 3/8" 61# J-55 casing at 350 with 350 sacks class "C" 2% calcium chloride. Plug down 2:00 PM 1/17/85. Circulated 50 sacks. WOC 18 hours, tested casing with 1500# for 30 minutes. Test O.K.

Cemented 8 5/8" 24# & 32# J-55 casing at 3700 with 1100 sacks BJ lite with 15# salt & 1/4# celoflake per sack followed by 200 sacks class "C" 2% calcium chloride. Plug down 1:45 PM 1/22/85. Circulated 125 sacks. WOC 18 hours, tested casing with 3000# for 30 minutes. Test O.K.

Cemented 5 1/2" 23# N-80 casing at 10,000 with 1150 sacks Poz H with 5# salt per sack and 0.5% Halad 22A. Plug down 3:00 AM 2/11/85.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Donna Haller TITLE Agent DATE 3/4/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 11 1985

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side