

UNITED STATES
DEPARTMENT OF THE INTERIORS
GEOLOGICAL SURVEY
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

SUBMIT IN DUPLICATE

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

12. COUNTY OR PARISH

13. STATE

14. PERMIT NO.

DATE ISSUED

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Otherb. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☒ Other

2. NAME OF OPERATOR

Anadarko Petroleum Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 130, Artesia, New Mexico 88211-0130

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

At surface

At top prod. interval reported below 2310' FN & ELs

At total depth

15. DATE SPUDDED 1-26-86 16. DATE T.D. REACHED 1986 17. DATE COMPL. (Ready to prod.) 8-15-90 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3752' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 8730' 21. PLUG, BACK T.D., MD & TVD 8475' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY RT 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5652'-58' & 5660'-67' Delaware 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN None on this recompletion 27. WAS WELL CORRED No

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	
11-3/4	42	350	17 1/2	485 sx "C" 2%CaCl	AMOUNT PULLED
8-5/8	32	2804	11	500 sx "Lite" & 500 sx "C"	
4-1/2	10.5&11.6	8729	7-7/8	600 sx "Lite" & 100 sx "H"	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	5721'	None

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
5652'-58', .39", 7 holes		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5660'-67', .39", 8 holes		5652'-67'	1500 gal 15% NEFE
		5652'-67'	15000 gal X-link gel & 33000 #16/30 sd

33.* PRODUCTION							
DATE FIRST PRODUCTION 8-15-90		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 8-17-90	HOURS TESTED 24	CHOKED SIZE None	PROD'N. FOR TEST PERIOD	OIL—BBL. 112	GAS—MCF. 45	WATER—BBL. 157	GAS-OIL RATIO 402:1
FLOW. TUBING PRESS. 50	CASING PRESSURE 50	CALCULATED 24-HOUR RATE	OIL—BBL. 112	GAS—MCF. 45	WATER—BBL. 157	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented						TEST WITNESSED BY Mike Braswell	
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35. LIST OF ATTACHMENTS
None (TXO filed attachments in 1986)36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED Mike Braswell TITLE Field Foreman DATE 8-17-90

*(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 TOP TRUE VERT. DEPTH
			TXO filed in 1986.