

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
OIL & GAS CONSERVATION COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240
(See other instructions on reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM-2945

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

French Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT (Upper Querecho Plains Bone Spring

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

Sec. 24, T-18-S, R-32-

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

15. DATE SPUDDED

02/15/86

16. DATE T.D. REACHED

03/04/86

17. DATE COMPL. (Ready to prod.)

3-19-86

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3777' GL & 3789' KB

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

8700'

21. PLUG, BACK T.D., MD & TVD

8622'

22. IF MULTIPLE COMPL. HOW MANY*

23. INTERVALS DRILLED BY

XX

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

8534-8568 (Upper Bone Springs)

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

DGMG;DSX/CDL

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
11-3/4"	47#	350'	15"	725sx "C" 2% CaCl	
8-5/8"	24#	2800'	11"	500sx "C" & 1500sx "	ite"
4-1/2"	10.5#	8700'	7-7/8"	780sx "lite" 3 & 5	

29. LINER RECORD

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

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

8534-68 (19 holes)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8534-68	Spt w/250 gal. 15% NEFE,
	acid w/3000 gal. 15% NEFE,
	frac w/20,000 gal gel &
	34,000# 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)	
3-20-86		Pumping					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
3-22-86	24	N/A	→	120	150	55	1250	
FLOW. TUBING PRESS. : CASING PRESSURE		CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
N/A		30= →	120	150	55	45.6		

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

Vented

35. LIST OF ATTACHMENTS

C104, Plat, Sundry notices. Inclination Report, Logs

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

SIGNED

Licia Henderson

TITLE Engineering Assistant

DATE 3-26-86

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

1. 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, for use in applying 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 office or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

2. 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.), formations and geologic 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 filed in this form, see item 32.

3. Item 4, which are to be applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for applicable State requirements.

4. Item 13, which are to be applicable State requirements, should be described in accordance with Federal requirements. Consult local State or Federal office for applicable State requirements.

5. Item 22 and 24, if 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 and geologic test results. See instructions on item 33. Submit a separate report (page) on this form, adequately identified, for each completion interval, showing the additional data pertinent to such interval.

6. Item 29, if completed, should show the details of any multiple stage cementing and the location of the cementing tool.

7. Item 33, if completed, should show the details of any multiple stage cementing and the location of the cementing tool. (See instruction for items 22 and 24 above.)

WELL IDENTIFICATION		GEOLOGIC MARKERS		TOP	
WELL NAME	WELL NO.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH	
Bone Springs	8534	Yates	2774		
Bone Springs	8561	Queen	4036		
		Delaware	6054		
		Bone Springs	6940		
		1st Bone Springs Sand	8396		

WELL IDENTIFICATION		GEOLOGIC MARKERS		TOP	
WELL NAME	WELL NO.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH	
Bone Springs	8534	Yates	2774		
Bone Springs	8561	Queen	4036		
		Delaware	6054		
		Bone Springs	6940		
		1st Bone Springs Sand	8396		

WELL IDENTIFICATION		GEOLOGIC MARKERS		TOP	
WELL NAME	WELL NO.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH	
Bone Springs	8534	Yates	2774		
Bone Springs	8561	Queen	4036		
		Delaware	6054		
		Bone Springs	6940		
		1st Bone Springs Sand	8396		

RECEIVED
APR 1 - 1986
O.C.D.
HOBBS OFFICE