

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

NOV 1983

(See other In-  
structions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

|                                                                                              |  |                                              |                                    |                                  |                                    |                                      |                                |
|----------------------------------------------------------------------------------------------|--|----------------------------------------------|------------------------------------|----------------------------------|------------------------------------|--------------------------------------|--------------------------------|
| 1a. TYPE OF WELL:                                                                            |  | OIL WELL <input checked="" type="checkbox"/> | GAS WELL <input type="checkbox"/>  | DRY <input type="checkbox"/>     | Other <input type="checkbox"/>     |                                      |                                |
| b. TYPE OF COMPLETION:                                                                       |  | NEW WELL <input checked="" type="checkbox"/> | WORK OVER <input type="checkbox"/> | DEEP EN <input type="checkbox"/> | PLUG BACK <input type="checkbox"/> | DIFF RESVR. <input type="checkbox"/> | Other <input type="checkbox"/> |
| 2. NAME OF OPERATOR                                                                          |  |                                              |                                    |                                  |                                    |                                      |                                |
| Cities Service Oil & Gas Corp.                                                               |  |                                              |                                    |                                  |                                    |                                      |                                |
| 3. ADDRESS OF OPERATOR                                                                       |  |                                              |                                    |                                  |                                    |                                      |                                |
| P.O. Box 1919 - Midland, Texas 79702                                                         |  |                                              |                                    |                                  |                                    |                                      |                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* |  |                                              |                                    |                                  |                                    |                                      |                                |
| At surface                                                                                   |  |                                              |                                    |                                  |                                    |                                      |                                |
| 990' FSL & 1980' FEL                                                                         |  |                                              |                                    |                                  |                                    |                                      |                                |
| At top prod. interval reported below                                                         |  |                                              |                                    |                                  |                                    |                                      |                                |
| Same as above                                                                                |  |                                              |                                    |                                  |                                    |                                      |                                |
| At total depth                                                                               |  |                                              |                                    |                                  |                                    |                                      |                                |
| Same as above                                                                                |  |                                              |                                    |                                  |                                    |                                      |                                |
| 14. PERMIT NO.                                                                               |  |                                              | DATE ISSUED                        |                                  |                                    |                                      |                                |
| 30-025-29878                                                                                 |  |                                              |                                    |                                  |                                    |                                      |                                |

|                                                                 |            |
|-----------------------------------------------------------------|------------|
| 5. LEASE DESIGNATION AND SERIAL NO.                             |            |
| NM 26884                                                        |            |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                            |            |
|                                                                 |            |
| 7. UNIT AGREEMENT NAME                                          |            |
|                                                                 |            |
| 8. FARM OR LEASE NAME                                           |            |
| Federal AB                                                      |            |
| 9. WELL NO.                                                     |            |
| 7                                                               |            |
| 10. FIELD AND POOL, OR WILDCAT (Bone Mescalero Escarpe Springs) |            |
| 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA               |            |
| Sec. 11-T18S-R33E                                               |            |
| 12. COUNTY OR PARISH                                            | 13. STATE  |
| Lea                                                             | New Mexico |

|                                                                               |                               |                                  |                                       |                                 |
|-------------------------------------------------------------------------------|-------------------------------|----------------------------------|---------------------------------------|---------------------------------|
| 15. DATE SPUDDED                                                              | 16. DATE T.D. REACHED         | 17. DATE COMPL. (Ready to prod.) | 18. ELEVATIONS (DF, RNB, RT GR, ETC)* | 19. ELEV. CASINGHEAD            |
| 4-15-87                                                                       | 5-02-87                       | 5-07-87                          | 3988' GR                              | 3988'                           |
| 20. TOTAL DEPTH, MD & TVD                                                     | 21. PLUG. BACK T.D., MD & TVD | 22. IF MULTIPLE COMPL. HOW MANY* | 23. INTERVALS DRILLED BY              | ROTARY TOOLS                    |
| 8950'                                                                         | 8898'                         |                                  |                                       | CABLE TOOLS                     |
| 24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* |                               |                                  |                                       | 25. WAS DIRECTIONAL SURVEY MADE |
| 8692 - 8755' - Bone Springs                                                   |                               |                                  |                                       | No                              |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                          |                               |                                  |                                       | 27. WAS WELL CORED              |
| CN/ZDL-GR-Cal, DLL/MLL-GR-Cal                                                 |                               |                                  |                                       | 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"                                            | 48#             | 350'           | 17-1/2"   | 300 sacks        | Circulated    |
| 8-5/8"                                             | 24 & 32#        | 3170'          | 11"       | 1300 sacks       | Circulated    |
| 5-1/2"                                             | 15.5 & 17#      | 8950'          | 7-7/8"    | 1500 sacks       | TOC @ 3210'   |

| 29. LINER RECORD |          |             |               |             | 30. TUBING RECORD |                |                 |
|------------------|----------|-------------|---------------|-------------|-------------------|----------------|-----------------|
| SIZE             | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE              | DEPTH SET (MD) | PACKER SET (MD) |
|                  |          |             |               |             | 2-7/8"            | 8593'          | 8593'           |

|                                                                                                                                                                                                                      |  |                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|
| 31. PERFORATION RECORD (Interval, size and number)                                                                                                                                                                   |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |  |
| 2 SPF @ 8692, 93, 94, 95, 96, 97, 98, 99, 8700, 01, 02, 03, 07, 09, 13, 14, 15, 18, 19, 20, 23, 24, 25, 27, 28, 29, 32, 35, 36, 37, 38, 39, 44, 45, 46, 51, 53, 54 and 8755'. Total of 78 holes (0.43" dia & 15" pen |  | None                                           |  |

|                           |                                                                      |                                    |                         |
|---------------------------|----------------------------------------------------------------------|------------------------------------|-------------------------|
| 33.* in Berea) PRODUCTION |                                                                      | ACCEPTED FOR RECORD                |                         |
| DATE FIRST PRODUCTION     | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) | WELL STATUS (Producing or shut-in) |                         |
| 5-06-87                   | Flowing                                                              | Producing                          |                         |
| DATE OF TEST              | HOURS TESTED                                                         | CHOKE SIZE                         | PROD'N. FOR TEST PERIOD |
| 5-07-87                   | 24 hrs.                                                              | 36/64"                             | 395                     |
| FLOW. TUBING PRESS.       | CASING PRESSURE                                                      | CALCULATED 24-HOUR RATE            | OIL—BBL.                |
| 100#                      | Packer                                                               |                                    | 395                     |
|                           |                                                                      |                                    | GAS—MCF.                |
|                           |                                                                      |                                    | 558                     |
|                           |                                                                      |                                    | WATER—BBL.              |
|                           |                                                                      |                                    | 6 (load)                |
|                           |                                                                      |                                    | GAS-OIL RATIO           |
|                           |                                                                      |                                    | 1413                    |
|                           |                                                                      |                                    | OIL GRAVITY-API (CORR.) |
|                           |                                                                      |                                    | 39.90                   |

|                                                            |                   |
|------------------------------------------------------------|-------------------|
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) | TEST WITNESSED BY |
| Sold                                                       | S. C. Nichols     |

|                                        |
|----------------------------------------|
| 35. LIST OF ATTACHMENTS                |
| Above listed logs and Deviation Survey |

|                                                                                                                                   |                         |         |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------|
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records |                         |         |
| SIGNED                                                                                                                            | TITLE                   | DATE    |
| J.A. Vittano                                                                                                                      | Dist. Opr. Mgr. - Prod. | 5-08-87 |

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

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         | TOP         |                  |
|-----------|-----|--------|-----------------------------|--------------|-------------|------------------|
|           |     |        |                             |              | MEAS. DEPTH | TRUE VERT. DEPTH |
|           |     |        |                             | Rustler      | 1615        |                  |
|           |     |        |                             | Top of Salt  | 1725        |                  |
|           |     |        |                             | Base of Salt | 2930        |                  |
|           |     |        |                             | Yates        | 3090        |                  |
|           |     |        |                             | Seven Rivers | 3553        |                  |
|           |     |        |                             | Queen        | 4286        |                  |
|           |     |        |                             | Grayburg     | 4722        |                  |
|           |     |        |                             | San Andres   | 5054        |                  |
|           |     |        |                             | Delaware     | 5758        |                  |
|           |     |        |                             | Bone Springs | 6826        |                  |
|           |     |        |                             | 2nd Dolomite | 8690        |                  |
|           |     |        |                             | 2nd Sand     | 8882        |                  |

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