

UNITED STATES

SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42-R355.5.DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WELL COMPLETION OR RECOMPLETION REPORT AND LOGS

1a. TYPE OF WELL:		OIL WELL ☒	GAS WELL ☐	DRY ☒	Other ☐						
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐				
2. NAME OF OPERATOR Fred Pool Drilling, Inc.											
3. ADDRESS OF OPERATOR P.O. Box 1393, Roswell, N.M. 88201											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980 FSL & 1980' FEL, Center of NW 1/4 SE 1/4 At top prod. interval reported below At total depth											
14. PERMIT NO. 30-025-30500				DATE ISSUED 9-03-88							
15. DATE SPUDDED 11/88		16. DATE T.D. REACHED 11-19-88		17. DATE COMPL. (Ready to prod.) 12-24-88		18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 3584.7' Gr		19. ELEV. CASINGHEAD 3584.7			
20. TOTAL DEPTH, MD & TVD 2820'		21. PLUG, BACK T.D., MD & TVD 2800'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY X		ROTARY TOOLS X			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* none								25. WAS DIRECTIONAL SURVEY MADE No			
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL-DSC & DLL w/GR								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	
8 5./8		24#		850'		12 1/2		Circulated to surface		-	
4 1/2		10.5#		2820		7 7/8		575 sx HLC, 175sx 50/50			
								POZ, circ. 15 sx to surface.			
29. LINER RECORD										30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE	
										DEPTH SET (MD)	
										PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
2762-2768' W/10 shots										DEPTH INTERVAL (MD)	
2648-2658' W/10 shots										2762-68	
										AMOUNT AND KIND OF MATERIAL USED	
										1000 gal. 15% HCL., 20,000 gal	
										19,000 Gal 20/40 sand.	
										1000 gal 15% HCL, 18,984 ga	
										19,000 gal 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)			
No Production											
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.) Logs and Deviation Surveys										TEST WITNESSED BY Fred Pool, Jr.	
35. LIST OF ATTACHMENTS											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records										ACCEPTED FOR RECORD	
SIGNED <i>Fred Pool</i>		TITLE Vice President						DATE 2-6-89			

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

MAR 2 7 1989

SJS

CARLSBAD, NEW MEXICO

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.), formations 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		DESCRIPTION, CONTENTS, ETC.		GEOLOGIC MARKERS	
TOP	BOTTOM			NAME	MEAS. DEPTH
2648	2768	Fracture tested yates sand. Recovered 20-25% of load with slight show of oil and no gas. Not enough for commercial production.		top salt base salt yates	1175 2360 2635

RECEIVED

MAR 29 1961

OCD
HORRIS OFFICE