

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

## 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"/>                                                                             |  |                                                                      |  |                         |  |                                  |  |                                           |  | 7. UNIT AGREEMENT NAME                            |  |
| 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. <input type="checkbox"/> Other <input type="checkbox"/> |  |                                                                      |  |                         |  |                                  |  |                                           |  | 8. FARM OR LEASE NAME                             |  |
| 2. NAME OF OPERATOR                                                                                                                                                                                                                      |  |                                                                      |  |                         |  |                                  |  |                                           |  | Superior-Federal                                  |  |
| 3. ADDRESS OF OPERATOR                                                                                                                                                                                                                   |  |                                                                      |  |                         |  |                                  |  |                                           |  | 9. WELL NO.                                       |  |
| D. W. St. Clair                                                                                                                                                                                                                          |  |                                                                      |  |                         |  |                                  |  |                                           |  | 1                                                 |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*                                                                                                                                             |  |                                                                      |  |                         |  |                                  |  |                                           |  | 10. FIELD AND POOL, OR WILDCAT                    |  |
| At surface 501 First National Bank Bldg., Midland, Texas                                                                                                                                                                                 |  |                                                                      |  |                         |  |                                  |  |                                           |  | Pearl Queen                                       |  |
| At top prod. interval reported below within 117'                                                                                                                                                                                         |  |                                                                      |  |                         |  |                                  |  |                                           |  | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA |  |
| At total depth within 120'                                                                                                                                                                                                               |  |                                                                      |  |                         |  |                                  |  |                                           |  | Sec. 25, T-19-S, R-34-E                           |  |
| 14. PERMIT NO.                                                                                                                                                                                                                           |  |                                                                      |  |                         |  |                                  |  |                                           |  | DATE ISSUED                                       |  |
| ---                                                                                                                                                                                                                                      |  |                                                                      |  |                         |  |                                  |  |                                           |  | 4-15-64                                           |  |
| 15. DATE SPUDDED                                                                                                                                                                                                                         |  |                                                                      |  |                         |  |                                  |  |                                           |  | 12. COUNTY OR PARISH                              |  |
| 4-20-64                                                                                                                                                                                                                                  |  |                                                                      |  |                         |  |                                  |  |                                           |  | Lea                                               |  |
| 16. DATE T.D. REACHED                                                                                                                                                                                                                    |  |                                                                      |  |                         |  |                                  |  |                                           |  | 13. STATE                                         |  |
| 5-2-64                                                                                                                                                                                                                                   |  |                                                                      |  |                         |  |                                  |  |                                           |  | New Mexico                                        |  |
| 17. DATE COMPL. (Ready to prod.)                                                                                                                                                                                                         |  |                                                                      |  |                         |  |                                  |  |                                           |  | 19. ELEV. CASINGHEAD                              |  |
| 5-31-64                                                                                                                                                                                                                                  |  |                                                                      |  |                         |  |                                  |  |                                           |  | 3762                                              |  |
| 18. ELEVATIONS (DF, R&B, RT, GR, ETC.)*                                                                                                                                                                                                  |  |                                                                      |  |                         |  |                                  |  |                                           |  | 20. TOTAL DEPTH, MD & TVD                         |  |
| 3771 KB                                                                                                                                                                                                                                  |  |                                                                      |  |                         |  |                                  |  |                                           |  | 5150                                              |  |
| 21. PLUG, BACK T.D., MD & TVD                                                                                                                                                                                                            |  |                                                                      |  |                         |  |                                  |  |                                           |  | 22. IS MULTIPLE COMPL. HOW MANY*                  |  |
| 5121                                                                                                                                                                                                                                     |  |                                                                      |  |                         |  |                                  |  |                                           |  | ---                                               |  |
| 23. INTERVALS DRILLED BY                                                                                                                                                                                                                 |  |                                                                      |  |                         |  |                                  |  |                                           |  | ROTARY TOOLS                                      |  |
| ---                                                                                                                                                                                                                                      |  |                                                                      |  |                         |  |                                  |  |                                           |  | 0-5150                                            |  |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*                                                                                                                                                            |  |                                                                      |  |                         |  |                                  |  |                                           |  | 25. WAS DIRECTIONAL SURVEY MADE                   |  |
| 5042, 5044, 5057, 5059                                                                                                                                                                                                                   |  |                                                                      |  |                         |  |                                  |  |                                           |  | No                                                |  |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                                                                                                                                     |  |                                                                      |  |                         |  |                                  |  |                                           |  | 27. WAS WELL CORED                                |  |
| Schl. Sonic, LL, MLL, MOP                                                                                                                                                                                                                |  |                                                                      |  |                         |  |                                  |  |                                           |  | 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                                                                                                                                                                                                                                    |  | 28                                                                   |  | 211                     |  | 11"                              |  | 125 sax 2% CaCl2, circulated              |  | -0-                                               |  |
| 5-1/2                                                                                                                                                                                                                                    |  | 17# & 1550                                                           |  | 5150                    |  | 7-7/8"                           |  | 27# SX 50-50 lite poz top of cement 2900' |  | -0-                                               |  |
| 29. LINER RECORD                                                                                                                                                                                                                         |  |                                                                      |  |                         |  |                                  |  |                                           |  |                                                   |  |
| SIZE                                                                                                                                                                                                                                     |  | TOP (MD)                                                             |  | BOTTOM (MD)             |  | SACKS CEMENT*                    |  | SCREEN (MD)                               |  | TUBING RECORD                                     |  |
|                                                                                                                                                                                                                                          |  |                                                                      |  |                         |  |                                  |  |                                           |  | SIZE                                              |  |
|                                                                                                                                                                                                                                          |  |                                                                      |  |                         |  |                                  |  |                                           |  | DEPTH SET (MD)                                    |  |
|                                                                                                                                                                                                                                          |  |                                                                      |  |                         |  |                                  |  |                                           |  | PACKER SET (MD)                                   |  |
|                                                                                                                                                                                                                                          |  |                                                                      |  |                         |  |                                  |  |                                           |  | 2-3/8"                                            |  |
|                                                                                                                                                                                                                                          |  |                                                                      |  |                         |  |                                  |  |                                           |  | 5050                                              |  |
|                                                                                                                                                                                                                                          |  |                                                                      |  |                         |  |                                  |  |                                           |  | ---                                               |  |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                                                                                                                       |  |                                                                      |  |                         |  |                                  |  |                                           |  |                                                   |  |
| 5042, 5044, 5057, 5059.46"-4 crack jet shots                                                                                                                                                                                             |  |                                                                      |  |                         |  |                                  |  |                                           |  |                                                   |  |
| 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                                                                                                                           |  |                                                                      |  |                         |  |                                  |  |                                           |  |                                                   |  |
| DEPTH INTERVAL (MD)                                                                                                                                                                                                                      |  |                                                                      |  |                         |  | AMOUNT AND KIND OF MATERIAL USED |  |                                           |  |                                                   |  |
| frac thru                                                                                                                                                                                                                                |  |                                                                      |  |                         |  | perf. w/14,000 gal.              |  |                                           |  |                                                   |  |
| 1-1/2# sand/gal.                                                                                                                                                                                                                         |  |                                                                      |  |                         |  |                                  |  |                                           |  |                                                   |  |
| 33.* PRODUCTION                                                                                                                                                                                                                          |  |                                                                      |  |                         |  |                                  |  |                                           |  |                                                   |  |
| DATE FIRST PRODUCTION                                                                                                                                                                                                                    |  | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |  |                         |  |                                  |  | WELL STATUS (Producing or shut-in)        |  |                                                   |  |
| 6-3-64                                                                                                                                                                                                                                   |  | pump 2" X 1-1/4" X 12 Bottom hold-down                               |  |                         |  |                                  |  | producing                                 |  |                                                   |  |
| DATE OF TEST                                                                                                                                                                                                                             |  | HOURS TESTED                                                         |  | CHOKE SIZE              |  | PROD'N. FOR TEST PERIOD          |  | OIL—BBL.                                  |  | GAS—MCF.                                          |  |
| 6-4-64                                                                                                                                                                                                                                   |  | 24                                                                   |  | 2"                      |  | ---                              |  | 33                                        |  | 16                                                |  |
| FLOW. TUBING PRESS.                                                                                                                                                                                                                      |  | CASING PRESSURE                                                      |  | CALCULATED 24-HOUR RATE |  | OIL—BBL.                         |  | GAS—MCF.                                  |  | WATER—BBL.                                        |  |
| ---                                                                                                                                                                                                                                      |  | 25#                                                                  |  | ---                     |  | 33                               |  | 16                                        |  | 97                                                |  |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)                                                                                                                                                                               |  |                                                                      |  |                         |  |                                  |  |                                           |  | TEST WITNESSED BY                                 |  |
| Vent                                                                                                                                                                                                                                     |  |                                                                      |  |                         |  |                                  |  |                                           |  | Joe McKinney                                      |  |
| 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 <u>George H. Henson</u>                                                                                                                                                                                                           |  |                                                                      |  | TITLE <u>Agent</u>      |  |                                  |  | DATE <u>6-4-64</u>                        |  |                                                   |  |

**\* (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.

At the time and 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 22: 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.  
Item 23: If this well is completed for separate production from 2005, then show, instead of the year, the month and day of completion.  
Item 24: If this well is completed for separate production from 2005, then show, instead of the year, the month and day of completion.

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 27:** *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 TUBING ZONES.                                                                                                                                                                                       |      |        |                             |           |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|-----------------------------|-----------|-----------------------------------|
| SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THROUGH A CORRE INTERVAL; 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. | NAME      | GEOLOGIC MARKERS                  |
|                                                                                                                                                                                                                    |      |        |                             |           | MEAS. DEPTH      TRUE VERT. DEPTH |
| sidewall core-sand                                                                                                                                                                                                 | 4048 |        | show oil                    | anhydrite | 1805                              |
| "                                                                                                                                                                                                                  | 4826 |        | "                           | salt      | 1934                              |
| "                                                                                                                                                                                                                  | 4927 |        | " & water                   | Yates     | 3491                              |
| "                                                                                                                                                                                                                  | 5043 |        | show oil                    | Queen     | 4679                              |
| "                                                                                                                                                                                                                  | 5058 |        | "                           | Penrose   | 4963                              |