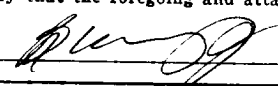


UNITED STATES

SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42-R355.5.DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See instructions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC-061154	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR C. E. LaRue and B. N. Muncy, Jr.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 470, Artesia, New Mexico 88210		8. FARM OR LEASE NAME BASSETT BIRNEY	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FNL & 660' FWL Section 5, T-18-S, R-32-E At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 5/9/84		16. DATE T.D. REACHED 5/20/84	
17. DATE COMPL. (Ready to prod.) 6/15/84		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3858.3	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 5000'	
21. PLUG, BACK T.D., MD & TVD 3770'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS X	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3630' - 3664' Queen		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Densilog Neutron Gamma Ray, Dual Laterolog Micro Laterolog		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24#	1017'	12 1/4"
5 1/2"	17#	5000'	7 7/8"
CEMENTING RECORD		AMOUNT PULLED	
525 sacks		Circulated	
800 sacks		Circulated	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD		PACKER SET (MD)	
SIZE	DEPTH SET (MD)		
2 3/8"	3620'		
31. PERFORATION RECORD (Interval, size and number) 3630' - 3664' one shot per foot			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3630'-3664'		2000 gallons 20% acid	
		60,000 gallons gelled water	
		20,000# 12-20 sand	
		20,000# 8-12 sand	
33. PRODUCTION			
DATE FIRST PRODUCTION 7/15/84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
DATE OF TEST 7/17/84		WELL STATUS (Producing or shut-in) Producing	
HOURS TESTED 24	CHOKE SIZE 2"	PROD'N. FOR TEST PERIOD →	OIL—BBL. 80
FLOW. TUBING PRESS.	CASING PRESSURE →	GAS—MCF. TSTM	WATER—BBL. 80
CALCULATED 24-HOUR RATE →	OIL—BBL. 80	GAS—MCF. TSTM	WATER—BBL. 80
OIL GRAVITY-API (CORR.) 34		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TSTM	
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 		TITLE Operator	
DATE 7/19/84		NEW MEXICO	

* (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 19: 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 TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Seven Rivers	2473	2560	Sandy Dolomite - some fluorescence	Salt	1261	
Queen	3630	3666	Sandstone - no fluorescence	Seven Rivers	2473	
San Andres	4440	4550	Sand - Sandy Dolomite - some fluorescence	Queen	3630	
				San Andres	4150	

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