

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(See other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-40450

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

WALKER FEDERAL

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Pearsall Queen

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

Section 5, T-18-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

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

C. E. LaRue and E. N. Muncy, Jr.

3. ADDRESS OF OPERATOR

P. O. Box 470, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

660' FSL & 660' FWL Section 5, T-18-S, R-32-E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SHELDED

8/2/84

16. DATE L.D. REACHED

8/13/84

17. DATE COMPL. (Ready to prod.)

8/31/84

18. ELEVATIONS (DF, RER, KT, GR, ETC.)

3816.1' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

5040'

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

4609'

22. IF MULTIPLE COMPL., HOW MANY?

3816.1' GL

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

X

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

Queen 3676' - 3714'

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED

No

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#             | 1010'          | 12 1/4"   | 525 sacks        | Circulated    |
| 5 1/2"      | 17#             | 4609'          | 7 7/8"    | 1200 sacks       | Circulated    |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE   | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|--------|----------------|-----------------|
|      |          |             |               |             | 2 3/8" | 3670'          |                 |

31. PERFORATION RECORD (Interval, size and number)

3676' - 3714', one shot per foot

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
| 3676-3714           | 40,000 gal gelled water          |
|                     | 60,000# 10-20 sand               |
|                     | 2,000 gal 15% acid               |

33.\*

PRODUCTION

| DATE FIRST PRODUCTION |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                         |          |                     |                         | WELL STATUS (Producing or shut-in) |  |
|-----------------------|-----------------|----------------------------------------------------------------------|-------------------------|----------|---------------------|-------------------------|------------------------------------|--|
| 8/31/84               |                 | Pumping                                                              |                         |          |                     |                         | Producing                          |  |
| DATE OF TEST          | HOURS TESTED    | CHOKE SIZE                                                           | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF.            | WATER—BBL.              | GAS-OIL RATIO                      |  |
| 8/31/84               | 24              | 2"                                                                   | →                       | 60       | ACCEPTED FOR RECORD |                         | 1000-1                             |  |
| FLOW, TUBING PRESS.   | CASING PRESSURE | CALCULATED 24-HOUR RATE                                              | OIL—BBL.                | GAS—MCF. | WATER—BBL.          | OIL GRAVITY-API (CORR.) |                                    |  |
|                       |                 | →                                                                    | 60                      | 60       | 4400                | 34                      |                                    |  |

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

Vented

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

9/3/84

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

**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, Federal or State, 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.

Before filing this summary record with the Bureau of Land Management, the following information should be listed on this form, see item 33.

**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.

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 intervals, or intervals, top(s) and 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:** "Sarkis' Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 23:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

[illegible]

002  
HOBBS OFFICE

U.S. GOVERNMENT PRINTING OFFICE : 1969-O-683636  
B37-497

871-233