

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM-40449	
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 Morexco, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 481, Artesia, NM 88211-0481		8. FARM OR LEASE NAME Young North 7 Fed.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FNL, 1650' FEL At top prod. interval reported below same At total depth same		9. WELL NO. 8 1	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 6/15/90		16. DATE T.D. REACHED 7/1/90	
17. DATE COMPL. (Ready to prod.) 8/1/95		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3781' gr	
19. ELEV. CASINGHEAD n/a		20. TOTAL DEPTH, MD & TVD 10,800'	
21. PLUG, BACK T.D., MD & TVD 4,010'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY all		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Queen 3707-14'	
25. WAS DIRECTIONAL SURVEY MADE n/a		26. TYPE ELECTRIC AND OTHER LOGS RUN DLC/CN/GR & DLL/MLL/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
13 3/8		432	17 1/4	cement cir	
8 5/8	24#	4500	12 1/4	cement cir	
5 1/2	15.5/17#	10800	7 7/8	2 stage DV tool set at 6100'. Top of cement	2100'.

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.	
Queen 3707-14' 2 spf 16 holes		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		3707-14	A/1000 gals NEFE 15%
			F/18000 gals x-link 40#
			gelled 2% kcl water with
			44500# 16/30 mesh sand

33.* PRODUCTION							
DATE FIRST PRODUCTION 8/3/95		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) pumping				WELL STATUS (Producing or shut-in) producing	
DATE OF TEST 8/4/95	HOURS TESTED 24	CHOKER SIZE n/a	PROD'N. FOR TEST PERIOD →	OIL—BBL. 45	GAS—MCF. tstm	WATER—BBL. 45	GAS-OIL RATIO n/a
FLOW. TUBING PRESS. n/a	CASING PRESSURE 20#	CALCULATED 24-HOUR RATE →	OIL—BBL. 45	GAS—MCF. tstm	WATER—BBL. 45	OIL GRAVITY-API (CORR.) 34.6	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) vented						TEST WITNESSED BY	
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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 <i>Thonda A. Becker</i>	TITLE <i>Agent</i>
DATE <i>8-8-95</i>	

*(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 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	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH

RECEIVED
AUG 3 1963
OCD FIELD
OFFICE