

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

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

MAR 11 1985

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

CHAMA PETROLEUM COMPANY

3. ADDRESS OF OPERATOR

P.O. BOX 31405 DALLAS, TEXAS 75211

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

At surface 1650' FNL & 1980' FWL OF SEC. 25

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED 12/21/84

15. DATE SPUDDED 12/21/84 16. DATE T.D. REACHED 1/19/85 17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3724 DF 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 13475' 21. PLUG, BACK T.D., MD & TVD 13440' 22. IF MULTIPLE COMPL., HOW MANY* N/A

23. INTERVALS DRILLED BY ROTARY TOOLS Pulling Unit Reverse Equip. 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 13,336' - 13,338' Morrow

25. TYPE ELECTRIC AND OTHER LOGS RUN NO NEW LOGS 26. WAS DIRECTIONAL SURVEY MADE N/A

27. WAS WELL CORED N/A

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	35#	7604'	8-1/2"	250 sxs Class "H" (800')	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	13,113 KB	13,113 KB

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
13,336' - 13,338' 2 HPF		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
			NONE

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
2/5/85		Flowing				SI WOPLC	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2/12/85	4	10/64"	→	6.5	165	-0-	25384
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
1520 psi	TSTM	→	40	990	-0-	47.0	

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 [Signature] TITLE PRESIDENT DATE 3/8/85

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

CONFIDENTIAL

MAR 12 1985

Burl Reynolds

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.), 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 identifying each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Blocks 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: CORREL INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION

TOP

BOTTOM

RE-ENTRY-NO NEW DATA

DESCRIPTION, CONTENTS, ETC.

38.

GEOLOGIC MARKER

NAME

TOP

TRUE VERT. DEPTH

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