

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL AP NO.	
3002506132	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil / Gas Lea 770430	
7. Lease Name or Unit Agreement Name STATE -I-	
8. Well No. 1	
9. Pool Name or Wildcat EUNICE MONUMENT GRAYBURG SAN ANDRES	
10. Date Spudded 2/12/99	
11. Date T.D. Reached	
12. Date Compl. (Ready to Prod.) 2/16/99	
13. Elevations (DF & RKB, RT, GR, etc.)	
14. Elev. Csghead	
15. Total Depth	
16. Plug Back T.D. 3637'	
17. If Mult. Compl. How Many Zones?	
18. Intervals Drilled By	
Rotary Tools	
Cable Tools	
19. Producing Interval(s), of this completion - Top, Bottom, Name 3722-3746' (liner perms) Grayburg San Andres	
20. Was Directional Survey Made No	
21. Type Electric and Other Logs Run Ultra Sonic Cement Imager Log	
22. Was Well Cored No	
23. CASING RECORD (Report all Strings set in well)	
CASING SIZE	
WEIGHT LB./FT.	
DEPTH SET	
HOLE SIZE	
CEMENT RECORD	
AMOUNT PULLED	
NO CHANGE	
24. LINER RECORD	
25. TUBING RECORD	
SIZE	
TOP	
BOTTOM	
SACKS CEMENT	
SCREEN	
SIZE	
DEPTH SET	
PACKER SET	
26. Perforation record (interval, size, and number) 3722-3746'	
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
DEPTH INTERVAL	
AMOUNT AND KIND MATERIAL USED	
3722-3746'	
1000 gals 15% NEFE HCL	
2000 gals 5% NEFE HCL, 500# rk slt	
28. PRODUCTION	
Date First Production	
Production Method (Flowing, gas lift, pumping - size and type pump) N/A	
Well Status (Prod. or Shut-in) SI (TA'd)	
Date of Test	
Hours tested	
Choke Size	
Prod'n For Test Period	
Oil - Bbl. 0	
Gas - MCF 0	
Water - Bbl. 0	
Gas - Oil Ratio	
Flow Tubing Press.	
Casing Pressure	
Calculated 24- Hour Rate	
Oil - Bbl.	
Gas - MCF	
Water - Bbl.	
Oil Gravity - API -(Corr.)	
29. Disposition of Gas (Sold, used for fuel, vented, etc.)	
Test Witnessed By	
30. List Attachment	
31. I hereby certify that the information on both sides of this form is true and complete to the best of my knowledge and belief.	
SIGNATURE <i>J. Denise Leake</i>	
TITLE Engineering Assistant	
DATE 3/30/99	
TYPE OR PRINT NAME J. Denise Leake	
Telephone No. 397-0405	