

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC 031670 b																																											
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME SEMUI																																											
2. NAME OF OPERATOR CONDOS INC.		7. UNIT AGREEMENT NAME SEMUI																																											
3. ADDRESS OF OPERATOR P.O. BOX 460 HORBS, NM 88240		8. FARM OR LEASE NAME SEMUI BLINERY																																											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990 FNL 4 330' FNL At top prod. interval reported below same At total depth same		9. WELL NO. 101																																											
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT BLINERY																																											
15. DATE STUDDED MAY 7-1980		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 29, T-20S, R-38E																																											
16. DATE T.D. REACHED _____		12. COUNTY OR PARISH LEA																																											
17. DATE COMPL. (Ready to prod.) 8-3-80		13. STATE NM																																											
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3535' GR		19. ELEV. CASINGHEAD _____																																											
20. TOTAL DEPTH, MD & TVD 6758'		21. PLUG, BACK T.D., MD & TVD 6350'																																											
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY _____																																											
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____		25. WAS DIRECTIONAL SURVEY MADE _____																																											
26. TYPE ELECTRIC AND OTHER LOGS RUN _____		27. WAS WELL CORED _____																																											
28. CASING RECORD (Report all strings set in well) <table border="1"> <thead> <tr> <th>CASINO SIZE</th> <th>WEIGHT, LB./FT.</th> <th>DEPTH SET (MD)</th> <th>HOLE SIZE</th> <th>AMOUNT PULLED</th> </tr> </thead> <tbody> <tr> <td colspan="4">NO CHANGE</td> <td></td> </tr> </tbody> </table>				CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED	NO CHANGE																																				
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold																																													
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36. I hereby certify that the foregoing and attached information is complete and correct as far as it goes from all available records <table border="1"> <tr> <td>SIGNED Wm. C. Butler</td> <td>TITLE ADMIN. SUPERVISOR</td> <td>DATE 8/19/80</td> </tr> </table>				SIGNED Wm. C. Butler	TITLE ADMIN. SUPERVISOR	DATE 8/19/80																																							
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AUG 20 1980

U. S. GEOLOGICAL SURVEY
HORBS, NEW MEXICO

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ROSWELL, NEW MEXICO
ADMIN. SUPERVISOR