

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

WE COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TV WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION: ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

3. PRODUCING COMPANY

4. ADDRESS OF OPERATOR

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

6. SURFACE 480' FNL & 330' FWL, Section 18, T22S, R32E

7. TOP PROD. INTERVAL REPORTED BELOW SAME

8. TOTAL DEPTH SAME

9. PERMIT NO. DATE ISSUED

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH

13. STATE

14. DATE SPUDDED

15. DATE T.D. REACHED

16. DATE COMPL. (Ready to prod.)

17. ELEVATIONS (DF, RKB, RT, GB, ETC.)\*

18. ELEV. CASINGHEAD

19. TOTAL DEPTH, MD & TVD

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

21. IF MULTIPLE COMPL., HOW MANY\*

22. INTERVALS DRILLED BY

23. ROTARY TOOLS

24. CABLE TOOLS

25. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

26. WAS DIRECTIONAL SURVEY MADE

27. TYPE ELECTRIC AND OTHER LOGS RUN

28. WAS WELL CORED

29. CASING RECORD (Report all strings set in well)

30. LINER RECORD

31. TUBING RECORD

32. PERFORATION RECORD (Interval, size and number)

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

34. DEPTH INTERVAL (MD)

35. AMOUNT AND KIND OF MATERIAL USED

36. DATE FIRST PRODUCTION

37. PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

38. WELL STATUS (Producing or shut-in)

39. DATE OF TEST

40. HOURS TESTED

41. CHOKE SIZE

42. PROD'N. FOR TEST PERIOD

43. OIL—BBL.

44. GAS—MCF.

45. WATER—BBL.

46. GAS-OIL RATIO

47. FLOW. TUBING PRESS.

48. CASING PRESSURE

49. CALCULATED 24-HOUR RATE

50. OIL—BBL.

51. GAS—MCF.

52. WATER—BBL.

53. OIL GRAVITY-API (CORR.)

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

55. TEST WITNESSED BY

56. LIST OF ATTACHMENTS

57. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

DATE

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

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 | DESCRIPTION, CONTENTS, ETC. | NAME            | TOP         |                  |
|-----------|-----|--------|-----------------------------|-----------------|-------------|------------------|
|           |     |        |                             |                 | MEAS. DEPTH | TRUE VERT. DEPTH |
|           |     |        |                             | Basal Anhydrite | 4268        | log              |
|           |     |        |                             | Delaware Lime   | 4566        | log              |
|           |     |        |                             | Bell Canyon     | 4638        | log              |
|           |     |        |                             | Cherry Canyon   | 5460        | log              |
|           |     |        |                             | Brushy Canyon   | 6740        | log              |
|           |     |        |                             | Bone Spring     | 8498        | log              |