

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See her instructions on
revisions)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. LC032099 (B)	
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 Chevron U.S.A. Inc.		7. UNIT AGREEMENT NAME Eunice Monument South Unit	
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, NM 88240		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface Unit H, 1980 FNL and 660 FEL At top prod. interval reported below At total depth		9. WELL NO. 392	
14. PERMIT NO. NA DATE ISSUED NA		10. FIELD AND POOL, OR WILDCAT Eunice Monument Grayburg/SA	
15. DATE SPUDDED 10-4-36		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 14, T21S, R36E	
16. DATE T.D. REACHED		12. COUNTY OR PARISH Lea	
17. DATE COMPL. (Ready to prod.) 11-14-36		13. STATE NM	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3985		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 3985		21. PLUG, BACK T.D., MD & TVD 3985	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Grayburg/San Andres No perforations		25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL-CCL-GR		27. WAS WELL CORED no	
23. No change in csg. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
10 3/4	40.5	243	
7 5/8	26.4	1343	
5 1/2	17	3699	
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
31. PERFORATION RECORD (Interval, size and number) No perforations		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) open hole	
		AMOUNT AND KIND OF MATERIAL USED 3500 gallons 15% titrate	
33.* PRODUCTION			
DATE FIRST PRODUCTION 8-17-87		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) pump	
DATE OF TEST 8-19-87		WELL STATUS (Producing or shut-in) prod	
HOURS TESTED 24	CHOKE SIZE 2" w/o	PROD'N. FOR TEST PERIOD	OIL—BBL. 0
FLOW. TUBING PRESS. 0	CASING PRESSURE 0	CALCULATED 24-HOUR RATE	GAS—MCF. 5
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) sold		WATER—BBL. 60	
35. LIST OF ATTACHMENTS		OIL GRAVITY-API (CORR.)	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		TEST WITNESSED BY	
SIGNED M. E. Abner		TITLE Staff Drilling Engineer	
		DATE August 27, 1987	

*(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	TOP	
				MEAS. DEPTH	TRUE VERT. DEPTH
No change					
Yates	2707				
7 Rivers	2966				
Queen	3448				
Penrose	3567				
Grayburg	3745				

HOBBS OFFICE
OCC
SEP 21
RECEIVED