

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WELL COMPLETION OR RECOMPLETION REPORT  
N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

FORM APPROVED  
OMB NO. 1004-1037  
Expires: November 30, 2000

1a. Type of Well: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. <b>NM-90161</b>	
b. Type of Completion: <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name	
2. Name of Operator <b>Apache Corporation</b>		7. Unit or CA Agreement Name and No.	
3. Address <b>2000 Post Oak Blvd, Ste. 100, Houston, Texas 77056-4400</b>		8. Lease Name and Well No. <b>Hawk B-1 # 27</b>	
3a. Phone No. (include area code) <b>713-296-6000</b>		9. API Well No. <b>30-025-35806</b>	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface <b>830' FSL &amp; 900' FEL (SE1/4SE1/4), Unit P</b>  At top prod. interval reported below  At total depth		10. Field and Pool, or: Exploratory <b>Penrose Skelly; Grayburg</b>	
11. Sec., T., R., M., or Block and Survey or Area <b>Sec. 9, T-21S, R-37E</b>		12. County or Parish <b>Lea County</b>	
13. State <b>NM</b>		17. Elevations (DF, RKB, RT, GL) *	
14. Date Spudded <b>03/09/02</b>		15. Date T.D. Reached <b>03/15/02</b>	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Produce <b>03/27/02</b>		17. Elevations (DF, RKB, RT, GL) * <b>3474    GL</b>	
18. Total Depth: MD <b>4200</b> TVD		19. Plug Back T.D.: MD <b>4108</b> TVD	
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run ( Submit copy of each ) <b>GR-CNL / GR-DLL</b>	
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)		23. Casing and Liner Record (Report all strings set in well)	
24. Tubing Record		25. Producing Intervals	
26. Perforation Record		27. Acid, Fracture, Treatment, Cement Squeeze, Etc.	
28. Production - Interval A		28a. Production - Interval B	

## 28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tubing Pressure Flwg. SI	Casing Pressure	24 Hour Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	
			→						

## 28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tubing Pressure Flwg. SI	Casing Pressure	24 Hour Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	
			→						

29. Disposition of Gas (*Sold, used for fuel, vented, etc.*)**Sold**

## 30. Summary of Porous Zones (Include Aquifers):

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.

## 31. Formation (Log) Markers

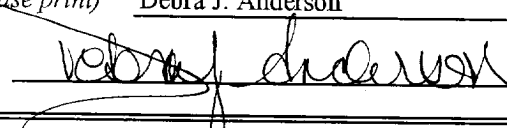
Formation	Top	Bottom	Descriptions, Contents, Etc.	Name	Top Measured Depth
				Rustler	1288
				Yates	2610
				Queen	3428
				Grayburg	3736
				San Andres	4000

## 32. Additional remarks (include plugging procedure):

## 33. Mark enclosed attachments:

- ☒ Electrical/Mechanical Logs (1 full set req'd.)
 ☐ Geologic Report
 ☐ DST Report
 ☐ Directional Survey
- ☐ Sundry Notice / Plugging / Cement Verification
 ☐ Core Analysis
 ☒ Other Deviation Report / NM-OCD C-104

## 34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)

Name (please print) Debra J. AndersonTitle Sr. Engineering TechnicianSignature Date 4/2/2002