

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.

RECEIVED

## 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 <input type="checkbox"/>     |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| b. TYPE OF COMPLETION:                                                                                                                                                                       |  | NEW WELL <input type="checkbox"/>                                                                  | WORK OVER <input checked="" type="checkbox"/> | DEEP-EN <input type="checkbox"/>                   | PLUG BACK <input type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/>                   | Other <input type="checkbox"/> |                                                 |  |                                  |  |                                    |  |                         |  |
| 2. NAME OF OPERATOR<br>Lanexco, Inc.                                                                                                                                                         |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 1206 Jal, NM 88252                                                                                                                                        |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface<br>660' EWL & 1650" FWL<br>At top prod. interval reported below<br>At total depth |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 14. PERMIT NO.<br>50-555-10781                                                                                                                                                               |  |                                                                                                    |                                               | DATE ISSUED<br>DEC 20 11:21 AM '90                 |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 15. DATE SPUDDED<br>NA                                                                                                                                                                       |  | 16. DATE T.D. REACHED<br>12-15-90                                                                  |                                               | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*<br>3475 DF |                                    | 19. ELEV. CASINGHEAD<br>3465                            |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 20. TOTAL DEPTH, MD & TVD<br>3714                                                                                                                                                            |  | 21. PLUG, BACK T.D., MD & TVD<br>3714                                                              |                                               | 22. IF MULTIPLE COMPL., HOW MANY*                  |                                    | 23. INTERVALS DRILLED BY<br>ROTARY TOOLS<br>CABLE TOOLS |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br>3417 - 3695                                                                                                 |  |                                                                                                    |                                               |                                                    |                                    | 25. WAS DIRECTIONAL SURVEY MADE<br>NA                   |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN<br>1 K Log                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    | 27. WAS WELL CORED<br>NA                                |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                           |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| CASINO SIZE                                                                                                                                                                                  |  | WEIGHT, LB./FT.                                                                                    |                                               | DEPTH SET (MD)                                     |                                    | HOLE SIZE                                               |                                | CEMENTING RECORD                                |  | AMOUNT PULLED                    |  |                                    |  |                         |  |
| 5 1/2                                                                                                                                                                                        |  | 14                                                                                                 |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 8 5/8                                                                                                                                                                                        |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
|                                                                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
|                                                                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 29. LINER RECORD                                                                                                                                                                             |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                | 30. TUBING RECORD                               |  |                                  |  |                                    |  |                         |  |
| SIZE                                                                                                                                                                                         |  | TOP (MD)                                                                                           |                                               | BOTTOM (MD)                                        |                                    | SACKS CEMENT*                                           |                                | SCREEN (MD)                                     |  | SIZE                             |  | DEPTH SET (MD)                     |  | PACKER SET (MD)         |  |
|                                                                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  | 2 3/8                            |  | 3711                               |  |                         |  |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                                                                           |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.  |  |                                  |  |                                    |  |                         |  |
|                                                                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                | DEPTH INTERVAL (MD)                             |  | AMOUNT AND KIND OF MATERIAL USED |  |                                    |  |                         |  |
|                                                                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
|                                                                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
|                                                                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
|                                                                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 33.* PRODUCTION                                                                                                                                                                              |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| DATE FIRST PRODUCTION<br>12-15-90                                                                                                                                                            |  | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)<br>Pumping 2x1 1/2 x 12' Pump |                                               |                                                    |                                    |                                                         |                                | WELL STATUS (Producing or shut-in)<br>Producing |  |                                  |  |                                    |  |                         |  |
| DATE OF TEST<br>12-16-90                                                                                                                                                                     |  | HOURS TESTED<br>24                                                                                 |                                               | CHOKE SIZE<br>4 2/64                               |                                    | PROD'N. FOR TEST PERIOD<br>→                            |                                | OIL—BBL.<br>28                                  |  | GAS—MCF.<br>30                   |  | WATER—BBL.<br>45                   |  | GAS-OIL RATIO<br>7000/1 |  |
| FLOW. TUBING PRESS.<br>Pump                                                                                                                                                                  |  | CASING PRESSURE<br>24                                                                              |                                               | CALCULATED 24-HOUR RATE<br>→                       |                                    | OIL—BBL.<br>28                                          |                                | GAS—MCF.<br>30                                  |  | WATER—BBL.<br>45                 |  | OIL GRAVITY-API (CORR.)            |  |                         |  |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)<br>Vented to be sold late.                                                                                                        |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  | TEST WITNESSED BY<br>Mike Copeland |  |                         |  |
| 35. LIST OF ATTACHMENTS                                                                                                                                                                      |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records                                                            |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |
| SIGNED <u>Mike Copeland</u> <u>by Susan Chacon</u> TITLE <u>Production Supt.</u> DATE <u>12-18-90</u>                                                                                        |  |                                                                                                    |                                               |                                                    |                                    |                                                         |                                |                                                 |  |                                  |  |                                    |  |                         |  |

\*(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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |        | 38. GEOLOGIC MARKERS |             |                  |  |
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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |        | NAME                 | TOP         |                  |  |
| FORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOP | BOTTOM |                      | MEAS. DEPTH | TRUE VERT. DEPTH |  |
| <div>1</div> <div>JAN 19 1961</div> <div>1000' - 1050'</div> <div>1050' - 1100'</div> <div>1100' - 1150'</div> <div>1150' - 1200'</div> <div>1200' - 1250'</div> <div>1250' - 1300'</div> <div>1300' - 1350'</div> <div>1350' - 1400'</div> <div>1400' - 1450'</div> <div>1450' - 1500'</div> <div>1500' - 1550'</div> <div>1550' - 1600'</div> <div>1600' - 1650'</div> <div>1650' - 1700'</div> <div>1700' - 1750'</div> <div>1750' - 1800'</div> <div>1800' - 1850'</div> <div>1850' - 1900'</div> <div>1900' - 1950'</div> <div>1950' - 2000'</div> <div>2000' - 2050'</div> <div>2050' - 2100'</div> <div>2100' - 2150'</div> <div>2150' - 2200'</div> <div>2200' - 2250'</div> <div>2250' - 2300'</div> <div>2300' - 2350'</div> <div>2350' - 2400'</div> <div>2400' - 2450'</div> <div>2450' - 2500'</div> <div>2500' - 2550'</div> <div>2550' - 2600'</div> <div>2600' - 2650'</div> <div>2650' - 2700'</div> <div>2700' - 2750'</div> <div>2750' - 2800'</div> <div>2800' - 2850'</div> <div>2850' - 2900'</div> <div>2900' - 2950'</div> <div>2950' - 3000'</div> <div>3000' - 3050'</div> <div>3050' - 3100'</div> <div>3100' - 3150'</div> <div>3150' - 3200'</div> <div>3200' - 3250'</div> <div>3250' - 3300'</div> <div>3300' - 3350'</div> <div>3350' - 3400'</div> <div>3400' - 3450'</div> <div>3450' - 3500'</div> <div>3500' - 3550'</div> <div>3550' - 3600'</div> <div>3600' - 3650'</div> <div>3650' - 3700'</div> <div>3700' - 3750'</div> <div>3750' - 3800'</div> <div>3800' - 3850'</div> <div>3850' - 3900'</div> <div>3900' - 3950'</div> <div>3950' - 4000'</div> <div>4000' - 4050'</div> <div>4050' - 4100'</div> <div>4100' - 4150'</div> <div>4150' - 4200'</div> <div>4200' - 4250'</div> <div>4250' - 4300'</div> <div>4300' - 4350'</div> <div>4350' - 4400'</div> <div>4400' - 4450'</div> <div>4450' - 4500'</div> <div>4500' - 4550'</div> <div>4550' - 4600'</div> <div>4600' - 4650'</div> <div>4650' - 4700'</div> <div>4700' - 4750'</div> <div>4750' - 4800'</div> <div>4800' - 4850'</div> <div>4850' - 4900'</div> <div>4900' - 4950'</div> <div>4950' - 5000'</div> <div>5000' - 5050'</div> <div>5050' - 5100'</div> <div>5100' - 5150'</div> <div>5150' - 5200'</div> <div>5200' - 5250'</div> <div>5250' - 5300'</div> <div>5300' - 5350'</div> <div>5350' - 5400'</div> <div>5400' - 5450'</div> <div>5450' - 5500'</div> <div>5500' - 5550'</div> <div>5550' - 5600'</div> <div>5600' - 5650'</div> <div>5650' - 5700'</div> <div>5700' - 5750'</div> <div>5750' - 5800'</div> <div>5800' - 5850'</div> <div>5850' - 5900'</div> <div>5900' - 5950'</div> <div>5950' - 6000'</div> <div>6000' - 6050'</div> <div>6050' - 6100'</div> <div>6100' - 6150'</div> <div>6150' - 6200'</div> <div>6200' - 6250'</div> <div>6250' - 6300'</div> <div>6300' - 6350'</div> <div>6350' - 6400'</div> <div>6400' - 6450'</div> <div>6450' - 6500'</div> <div>6500' - 6550'</div> <div>6550' - 6600'</div> <div>6600' - 6650'</div> <div>6650' - 6700'</div> <div>6700' - 6750'</div> <div>6750' - 6800'</div> <div>6800' - 6850'</div> <div>6850' - 6900'</div> <div>6900' - 6950'</div> <div>6950' - 7000'</div> <div>7000' - 7050'</div> <div>7050' - 7100'</div> <div>7100' - 7150'</div> <div>7150' - 7200'</div> <div>7200' - 7250'</div> <div>7250' - 7300'</div> <div>7300' - 7350'</div> <div>7350' - 7400'</div> <div>7400' - 7450'</div> <div>7450' - 7500'</div> <div>7500' - 7550'</div> <div>7550' - 7600'</div> <div>7600' - 7650'</div> <div>7650' - 7700'</div> <div>7700' - 7750'</div> <div>7750' - 7800'</div> <div>7800' - 7850'</div> <div>7850' - 7900'</div> <div>7900' - 7950'</div> <div>7950' - 8000'</div> <div>8000' - 8050'</div> <div>8050' - 8100'</div> <div>8100' - 8150'</div> <div>8150' - 8200'</div> <div>8200' - 8250'</div> <div>8250' - 8300'</div> <div>8300' - 8350'</div> <div>8350' - 8400'</div> <div>8400' - 8450'</div> <div>8450' - 8500'</div> <div>8500' - 8550'</div> <div>8550' - 8600'</div> <div>8600' - 8650'</div> <div>8650' - 8700'</div> <div>8700' - 8750'</div> <div>8750' - 8800'</div> <div>8800' - 8850'</div> <div>8850' - 8900'</div> <div>8900' - 8950'</div> <div>8950' - 9000'</div> <div>9000' - 9050'</div> <div>9050' - 9100'</div> <div>9100' - 9150'</div> <div>9150' - 9200'</div> <div>9200' - 9250'</div> <div>9250' - 9300'</div> <div>9300' - 9350'</div> <div>9350' - 9400'</div> <div>9400' - 9450'</div> <div>9450' - 9500'</div> <div>9500' - 9550'</div> <div>9550' - 9600'</div> <div>9600' - 9650'</div> <div>9650' - 9700'</div> <div>9700' - 9750'</div> <div>9750' - 9800'</div> <div>9800' - 9850'</div> <div>9850' - 9900'</div> <div>9900' - 9950'</div> <div>9950' - 10000'</div> |     |        |                      |             |                  |  |