

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other
instruction
reverse s.Form approved.
Budget Bureau No. 42-R365.6.

5. LEASE DESIGNATION AND SERIAL NO.

NM-15035

6. IF INDIAN, ALLOTTED OR TRIBE NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Adobe Oil Company

3. ADDRESS OF OPERATOR

1100 Western United Life Bldg., Midland, TX 79701

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

At surface 1560' FNL & 1830 FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal A1

9. WELL NO.

1Y

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Unit F, Sec 10,
T-23-S, R-34-E12. COUNTY OR
PARISH
Lea13. STATE
NM

15. DATE SPUDDED

3/8/75

16. DATE T.D. REACHED

7/2/75

17. DATE COMPL. (Ready to prod.)

Dry

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3365' Gr.

19. ELEV. CASINGHEAD

3365

20. TOTAL DEPTH, MD & TVD

13,600

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

22. IF MULTIPLE COMPL.,
HOW MANY*

23. INTERVALS
DRILLED BY

→

ROTARY TOOLS

0-13,600

CABLE TOOLS

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

dry

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

BHC Sonic, Compensated NL - Formation

27. WAS WELL CORED

Density, Dual Induction - Laterolog

No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20"	9.4	650'	26"	900 sxs	None
13-3/8"; 54.	50, 61, 68	3795'	17-1/2"	1075 sxs	None
10-3/4"	45, 50, 51	5200'	12-1/4"	1300 sxs	None
7-5/8"; 26.	40, 29, 70.	11,880'	9-1/2"	2350 sxs	None

29. 33, 70, 39 LINER RECORD

30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

Dry

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION

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

WELL STATUS (Producing or shut-in)

DATE OF TEST

HOURS TESTED

CHOKE SIZE

PROD'N. FOR
TEST PERIOD

OIL—BBL.

GAS—MCF.

WATER—BBL.

GAS-OIL RATIO

FLOW. TUBING PRESS.

CASING PRESSURE

CALCULATED
24-HOUR RATE

OIL—BBL.

GAS—MCF.

WATER—BBL.

OIL GRAVITY-API (CORR.)

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

TEST WITNESSED BY

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

M. D. May

TITLE

Vice President

DATE

8/25/75

*(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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
Capitan Reef	3845'	4930'	Water	B/Salt	3,580'
	12,110'	12,210'	DST 2500' WB, ISIP 8260#/30"	Tansill Dolo	3,685'
			FSIP 5312#/4 hrs IFP 1662#, FFP 769#.	Capitan Reef	3,845'
			Rec 30' condensate & 1166' GCWB	Delaware	4,930'
	12,850'	13,107'	DST 5000' WB to 90". ISIP 3234#/30". FSIP 3122#/90". IFP 2364# FFP 2364#.	Bone Spring	8,452'
			Rec WB & 90' SGCM.	Wolfcamp	11,388'
	13,025'	13,308'	DST 5000' WB TO 2 hrs. ISIP 5505#/30". FSIP 5812#/4 hrs. IFP 2645#, FFP 2729#.	Strawn	11,780'
			Rec 5000' SGWB & 490' SGCM.	Atoka	12,010'
				Ivanouia	12,156'
				Morrow	12,680'
				Barnet	13,525'