

Form approved.
Budget Bureau No. 42-R355.6.

5. LEASE DESIGNATION AND SERIAL NO.

NM 13838

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lisa Federal

D. WELL NO.

10. FIELD AND POOL, OR WILDCAT

NW Antelope Ridge (Bona)
11. SEC., T., R., M., ON BLOCK AND CURVED SPR.
OF AREA

sec.:10-T23S-R34E

12. COUNTY OR
PARISH
Leaf

18. STATE
NM

15. DATE SPUDDED 6/14/84	16. DATE T.D. REACHED 8/16/84	17. DATE COMPL. (Ready to prod.) 8/18/84	18. ELEVATIONS (DF, RES, RT, OB, ETC.) * 3414' df	19. BLEV. CASINGHEAD 3399' CR
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20. TOTAL DEPTH, MD & TVD 9870'	21. PLUG, BACK T.D., MD & TVD 9834'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	24. ROTARY TOOLS	25. CABLE TOOLS
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24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	0 - TD	25. WAS DIRECTIONAL SURVEY MADE
9724 - 9684' , 9623 - 9594' 33shots [Bone Springs]		no

28. TYPE ELECTRIC AND OTHER LOGS RUN

Compensated Density - CNL- BHV

27. WAS WELL COMED

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

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
12 3/4"		600'	17 1/2"	500 sacks circ.	none
8 5/8"		4859'	11"	1570 " "	none
5 1/2"	17.5-15.5	7658'	7 7/8"	925 " "	none

29. LINER RECORD

30. TUBING RECORD					1		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
3 1/2"	7458'	9870'	275		2 1/16"	9730'	none

31. PERFORATION RECORD (Interval, size and number)

9724-9684' (16)
9623-9594' (17)
9060-9164' (19) OCT 6 1987
8925-9015'
8919-9716'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
9724-9516'	500 gal. DS-30 Acid
9060-9164'	frac w/ 30,000 gal.
9187-9337' (16)	A 2750 gal.

22 • CARLSBAD, NEW MEXICO

PRODUCTION

DATE FIRST PRODUCTION

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

WELL STATUS (Producing or shut-in)
prod.

DATE OF TEST	HOURS TESTED	CHOKES SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10/10/84	24			12	120		

FLOW, TUBING PRESS.	CASINO PRESSURE 150+or-	CALCULATED 24-HOUR RATE →	OIL—BBL. 18.0	GAS—MCF. 10.8	WATER—BBL. 0	OIL GRAVITY-API (CORR.) 41.3 API.
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

logs previously submitted

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

SIGNED

TITLE agent for Riata Oil and Gas 1/21/87

*** (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.)

MOBBS OFFICE
OCD
OCT 8 1987

37. SUMMARY OF FORMER COMPLETIONS: SHOW ALL INTERVAL 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	MEAS. DEPTH	TRUE VERT. DEPTH
top of Bone Springs	8490'	below TD	top of first Bone Springs	8490'	8490'
All tops reported by Estoril Producing Corp. when reported as the Alta Federal Well #1 Limestone					