

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See oil  
structio.  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

|                                                                                                                                   |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  |                                 |  |                                  |  |                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-----------------------------------------------|---------------------------------------------------|-------------|------------------------------------------------|--|---------------------------------|--|----------------------------------|--|-----------------|--|
| 1a. TYPE OF WELL:                                                                                                                 |  | OIL WELL <input type="checkbox"/>                                    | GAS WELL <input checked="" type="checkbox"/> | DRY <input type="checkbox"/>      | Other _____                                   |                                                   |             |                                                |  |                                 |  |                                  |  |                 |  |
| b. TYPE OF COMPLETION:                                                                                                            |  | NEW WELL <input type="checkbox"/>                                    | WORK OVER <input type="checkbox"/>           | DEEP-EN <input type="checkbox"/>  | PLUG BACK <input checked="" type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/>             | Other _____ |                                                |  |                                 |  |                                  |  |                 |  |
| 2. NAME OF OPERATOR                                                                                                               |  |                                                                      |                                              |                                   |                                               | 7. UNIT AGREEMENT NAME                            |             |                                                |  |                                 |  |                                  |  |                 |  |
| Gulf Oil Corporation                                                                                                              |  |                                                                      |                                              |                                   |                                               | C. E. LaMunyon                                    |             |                                                |  |                                 |  |                                  |  |                 |  |
| 3. ADDRESS OF OPERATOR                                                                                                            |  |                                                                      |                                              |                                   |                                               | 9. WELL NO.                                       |             |                                                |  |                                 |  |                                  |  |                 |  |
| Box 670, Hobbs, New Mexico 88240                                                                                                  |  |                                                                      |                                              |                                   |                                               | 10                                                |             |                                                |  |                                 |  |                                  |  |                 |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*                                      |  |                                                                      |                                              |                                   |                                               | 10. FIELD AND POOL, OR WILDCAT                    |             |                                                |  |                                 |  |                                  |  |                 |  |
| At surface 1650' FSL & 990' FWL, Section 22, 23-S, 37-E                                                                           |  |                                                                      |                                              |                                   |                                               | No. Teague Dev. Gas                               |             |                                                |  |                                 |  |                                  |  |                 |  |
| At top prod. interval reported below                                                                                              |  |                                                                      |                                              |                                   |                                               | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA |             |                                                |  |                                 |  |                                  |  |                 |  |
| At total depth                                                                                                                    |  |                                                                      |                                              |                                   |                                               | Sec 22, 23-S, 37-E                                |             |                                                |  |                                 |  |                                  |  |                 |  |
| 14. PERMIT NO.                                                                                                                    |  |                                                                      |                                              | DATE ISSUED                       |                                               | 12. COUNTY OR PARISH                              |             | 13. STATE                                      |  |                                 |  |                                  |  |                 |  |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                               | Lea                                               |             | New Mexico                                     |  |                                 |  |                                  |  |                 |  |
| 15. DATE <del>STARTED</del>                                                                                                       |  | 16. DATE T.D. REACHED                                                |                                              | 17. DATE COMPL. (Ready to prod.)  |                                               | 18. ELEVATIONS (DF, REB, RT, GR, ETC.)*           |             | 19. ELEV. CASINGHEAD                           |  |                                 |  |                                  |  |                 |  |
| 5-19-77                                                                                                                           |  | ---                                                                  |                                              | 5-19-77                           |                                               | 3300' GL                                          |             | ---                                            |  |                                 |  |                                  |  |                 |  |
| 20. TOTAL DEPTH, MD & TVD                                                                                                         |  | 21. PLUG, BACK T.D., MD & TVD                                        |                                              | 22. IF MULTIPLE COMPL., HOW MANY* |                                               | 23. INTERVALS DRILLED BY                          |             | ROTARY TOOLS                                   |  | CABLE TOOLS                     |  |                                  |  |                 |  |
| 9475'                                                                                                                             |  | 9080'                                                                |                                              | Single                            |                                               | →                                                 |             |                                                |  |                                 |  |                                  |  |                 |  |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*                                                     |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  | 25. WAS DIRECTIONAL SURVEY MADE |  |                                  |  |                 |  |
| 7434' to 7444'                                                                                                                    |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  | ---                             |  |                                  |  |                 |  |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                              |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  | 27. WAS WELL CORED              |  |                                  |  |                 |  |
| GR-CCL                                                                                                                            |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  | ---                             |  |                                  |  |                 |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  |                                 |  |                                  |  |                 |  |
| CASING SIZE                                                                                                                       |  | WEIGHT, LB./FT.                                                      |                                              | DEPTH SET (MD)                    |                                               | HOLE SIZE                                         |             | CEMENT RECORD                                  |  | AMOUNT PULLED                   |  |                                  |  |                 |  |
| 13-3/8"                                                                                                                           |  | 48#                                                                  |                                              | 305'                              |                                               | 17-1/4"                                           |             | 300 sacks (Circulated)                         |  |                                 |  |                                  |  |                 |  |
| 9-5/8"                                                                                                                            |  | 36#                                                                  |                                              | 2900'                             |                                               | 12-1/4"                                           |             | 1300 sacks                                     |  |                                 |  |                                  |  |                 |  |
| 7"                                                                                                                                |  | 23, 26 & 29#                                                         |                                              | 9311'                             |                                               | 8-3/4"                                            |             | 800 sacks (TOC at 4875')                       |  |                                 |  |                                  |  |                 |  |
| 29. LINER RECORD                                                                                                                  |  |                                                                      |                                              |                                   |                                               | 30. TUBING RECORD                                 |             |                                                |  |                                 |  |                                  |  |                 |  |
| SIZE                                                                                                                              |  | TOP (MD)                                                             |                                              | BOTTOM (MD)                       |                                               | SACKS CEMENT*                                     |             | SCREEN (MD)                                    |  | SIZE                            |  | DEPTH SET (MD)                   |  | PACKER SET (MD) |  |
| 5"                                                                                                                                |  | 9276'                                                                |                                              | 9475'                             |                                               | 50 sacks                                          |             |                                                |  | 2-3/8"                          |  | 7375'                            |  | 7375'           |  |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                |  |                                                                      |                                              |                                   |                                               |                                                   |             | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |  |                                 |  |                                  |  |                 |  |
| Perforated 7" casing with 4, 1/2" JHPF at 7434' to 7444'                                                                          |  |                                                                      |                                              |                                   |                                               |                                                   |             | DEPTH INTERVAL (MD)                            |  |                                 |  | AMOUNT AND KIND OF MATERIAL USED |  |                 |  |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                               |                                                   |             | 7434' - 7444'                                  |  |                                 |  | 6000 gal of 15% NE acid.         |  |                 |  |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  |                                 |  |                                  |  |                 |  |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  |                                 |  |                                  |  |                 |  |
| 33.* PRODUCTION                                                                                                                   |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  |                                 |  |                                  |  |                 |  |
| DATE FIRST PRODUCTION                                                                                                             |  | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                                              |                                   |                                               |                                                   |             | WELL STATUS (Producing or shut-in)             |  |                                 |  |                                  |  |                 |  |
| 5-19-77                                                                                                                           |  | Flow                                                                 |                                              |                                   |                                               |                                                   |             | Shut In                                        |  |                                 |  |                                  |  |                 |  |
| DATE OF TEST                                                                                                                      |  | HOURS TESTED                                                         |                                              | CHOKES SIZE                       |                                               | PROD'N. FOR TEST PERIOD                           |             | OIL—BBL.                                       |  | GAS—MCF.                        |  | WATER—BBL.                       |  | GAS-OIL RATIO   |  |
| 6-4-77                                                                                                                            |  | 24                                                                   |                                              | 18/64"                            |                                               | →                                                 |             | 96                                             |  | 660                             |  | 8                                |  | 6875            |  |
| FLOW, TUBING PRESS.                                                                                                               |  | CASING PRESSURE                                                      |                                              | CALCULATED 24-HOUR RATE           |                                               | OIL—BBL.                                          |             | GAS—MCF.                                       |  | WATER—BBL.                      |  | OIL GRAVITY-API (CORR.)          |  |                 |  |
| 225#                                                                                                                              |  | ---                                                                  |                                              | →                                 |                                               | 96                                                |             | 660                                            |  | 8                               |  | 36.9                             |  |                 |  |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)                                                                        |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  | TEST WITNESSED BY               |  |                                  |  |                 |  |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                               |                                                   |             |                                                |  | Paul Landers                    |  |                                  |  |                 |  |
| 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                                                                                                                            |  | D. F. Berlin                                                         |                                              |                                   |                                               | TITLE                                             |             | Area Engineer                                  |  | DATE                            |  | 6-9-77                           |  |                 |  |

\*(See Instructions and Spaces for Additional Data on Reverse Side)

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**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.

should be listed on this form, see item 3a.

**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.

**Item 22:** 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 23 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.)

[illegible]