

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		7. UNIT AGREEMENT NAME _____	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME Federal "P"	
2. NAME OF OPERATOR Dallas McCasland		9. WELL NO. 4	
3. ADDRESS OF OPERATOR P. O. Box 763, Hobbs, New Mexico 88240		10. FIELD AND POOL, OR WILDCAT Scarborough-Yates-SR	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1838' FSL & 2122' FSL of Sec. 29 At top prod. interval reported below _____ At total depth _____		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 29, T26S, R37E	
14. PERMIT NO. _____ DATE ISSUED _____		12. COUNTY OR PARISH Lea	
15. DATE SPUDDED 8/26/78		13. STATE NM	
16. DATE T.D. REACHED 9/1/78		19. ELEV. CASINGHEAD _____	
17. DATE COMPL. (Ready to prod.) 9/21/78		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 2968.7 KB	
20. TOTAL DEPTH, MD & TVD 3160		21. PLUG, BACK T.D., MD & TVD 3137	
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2999-3116 Yates		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Neutron		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8	24#	414	12 1/4
5 1/2	15.5#	3154	7 3/8
CEMENTING RECORD		AMOUNT PULLED	
350		None	
900		None	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8	3102	No	
31. PERFORATION RECORD (Interval, size and number)			
2999, 3004, 08, 12, 16, 20, 24, 28, 33, 38, 43, 46, 50, 54, 60, 63, 70, 73, 76, 80, 84, 98, 3103, 07, 11, & 3116, a total of 26 - 0.46 holes.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2999-3116		2500 gal MCA, 40,000 gal 50% gelled water 50% CO₂, 59,000# sand	
33.* PRODUCTION			
DATE FIRST PRODUCTION 9/21/78		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump	
DATE OF TEST 9/25/78		WELL STATUS (Producing or shut-in) Producing	
HOURS TESTED 24	CHOKE SIZE -	PROD'N. FOR TEST PERIOD →	OIL—BBL. 8
GAS—MCF. 200		WATER—BBL. 10	
OIL GRAVITY-API (CORR.) 25.000		GAS GRAVITY-API (CORR.) 34	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold			
TEST WITNESSED BY Dallas McCasland			
35. LIST OF ATTACHMENTS 2 copies electric log			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED [Signature]		TITLE Agent	
DATE 9/26/78			

***(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 38, 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 38. 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	TOP	TRUE VERT. DEPTH
Yates	2999	3116	Producing Interval	Yates	2998		