

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

HOBBBS NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: ☐ GIL WELL ☒ GAS WELL ☐ DRY ☐ Other
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

2. NAME OF OPERATOR
THE SUPERIOR OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. BOX 4500 THE WOODLANDS, TEXAS 77380

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1980' FNL & 660' FEL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED
2-2-81

15. DATE SPUDDED 3-28-81 16. DATE T.D. REACHED 7-2-81 17. DATE COMPL. (Ready to prod.) 8-28-81 18. ELEVATIONS (DP, RKB, RT, GR, ETC.) * KB 3585' GL 3563' 19. ELEV. CASINGHEAD
20. TOTAL DEPTH, MD & TVD 14,942' 21. PLUG, BACK T.D., MD & TVD 14,882' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Morrow (14575'-14611')

26. TYPE ELECTRIC AND OTHER LOGS RUN
DLL, BHC

25. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT SUPPLIED
30"		34'		Redi-Mix	
20"	94#	655'	26"	1385 sxs Class C	
13 3/8"	68#	5308'	17 1/2"	3600 sxs Lite & 200 sxs	
9 5/8"	53.5#	12490'	12 1/4"	950 sxs Lite & 200 sxs	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
5 1/2"	12199'	14941'	850 SXS		2 7/8"	14472'	14472'

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
14606'-14611' w/4 jspf		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
14575'-14590' OA w/4 jspf		14575'-14611' OA	Acidized w/2000 g. 7 1/2% MS
14360'-14398' OA w/2 jspf		14360'-14398' OA	Acidized w/3000 g. 7 1/2% MS
		14360'-14398' OA	Isolated by Packer Set @ 14472'

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
8-28-81		FLOWING				Shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-28-81	24	8/64"		0	238	29	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY API (CORR.)	
750	0		0	238	29		

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

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 L.H. BOHOT TITLE PROD. ENGR, SUPVR.

DATE 10-21-81

STORM CHOKE

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

TYPE LOC.

INSTRUCTIONS

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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, 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) and 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.)

SUMMARY OF POROUS ZONES

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF, CORE INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	CO TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	MEAS. DEPTH	TRUE VERT. DEPTH
Base of Salt	5315'				
Bone Springs	9022'				
1st Bone Sprg.	9956'				
2nd Bone Sprg.	10696'				
3rd Bone Sprg.	11579'				
4th Bone Sprg.	11827'				
5th Bone Sprg.	12348'				
6th Bone Sprg.	13270'				
7th Bone Sprg.	14015'				
8th Bone Sprg.	14300'				
9th Bone Sprg.	14570'				
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