

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

30-025-27525

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
LG-3620

7. Unit Agreement Name

8. Farm or Lease Name

Ohio State

9. Well No.

1

10. Field and Pool, or Wildcat
East Mason-Del.(Ext.)

1a. TYPE OF WELL

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐
b. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

2. Name of Operator

Equitable Petroleum Corporation

3. Address of Operator

P.O. Box 8407, Metairie, La. 70011

4. Location of Well

UNIT LETTER D LOCATED 750' FEET FROM THE North LINE AND 400' FEET FROM

THE West LINE OF SEC. 16 TWP. 26s RGE. 32e NMPM

12. County

Lea

15. Date Spudded

10-31-81

16. Date T.D. Reached

11-13-81

17. Date Compl. (Ready to Prod.)

3-2-82

18. Elevations (DF, RKB, RT, GR, etc.)

3181 GL

19. Elev. Casinghead

None

20. Total Depth

4449'Drlg. 4445'EL

21. Plug Back T.D.

22. If Multiple Compl., How Many

23. Intervals Drilled By

Rotary Tools

Cable Tools

Rotary

24. Producing Interval(s), of this completion - Top, Bottom, Name

4425'-4449' Ramsey Sand (Delaware)

25. Was Directional Survey Made

Yes

26. Type Electric and Other Logs Run

Compensated Neutron Log

27. Was Well Cored

None

28.

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	540'	10 5/8"	350 sxs (circulated)	
5 1/2"	14#	4425'	7 7/8"	300 sxs Class C W/ 50/50 Poz.	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None					2 3/8"	4379'	None

30. TUBING RECORD

31. Perforation Record (Interval, size and number)

None-Open Hole

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4425' to 4449'	Frac. w/75 Bo & 1700#
	10-20 Mesh Sd., Inj press.
	1200 psi

33.

PRODUCTION

Date First Production 3-2-82	Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping 2"x 1 1/2" x 16" RWBC					Well Status (Prod. or Shut-in.) Prod.	
Date of Test 3-2-82	Hours Tested 24	Choke Size None	Prod'n. For Test Period →	Oil - Bbl. 5	Gas - MCF 1	Water - Bbl. 12	Gas - Oil Ratio 200
Flow Tubing Press. NA	Casing Pressure →	Calculated 24-Hour Rate →	Oil - Bbl. 5	Gas - MCF 1	Water - Bbl. 12	Oil Gravity - API (Corr.) 41.4	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)

Fuel for field operation

Test Witnessed By

35. List of Attachments

Inclination Survey

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Paul Thomas

TITLE Production Supervisor

2-16-82

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinberry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand 4430'	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. Delaware Lm. 4390'	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from 4425' to 4449' No. 4, from _____ to _____

No. 2, from _____ to _____ No. 5, from _____ to _____

No. 3, from _____ to _____ No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet _____

No. 2, from _____ to _____ feet _____

No. 3, from _____ to _____ feet _____

No. 4, from _____ to _____ feet _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	850	850	Sand and shale				
850	1000	150	Anhy & Dolomite				
1000	1200	200	Shale				
1200	3650	2450	Anhy w/scattered salt				
3650	3820	170	Salt				
3820	3914	94	Anhy				
3914	4172	258	Salt				
4172	4388	216	Anhy				
4388	4422	34	Black Lmy. Shale				
4422	TD	23	Sand				

30-025-27525

RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION

Form W-12
(1-1-71)

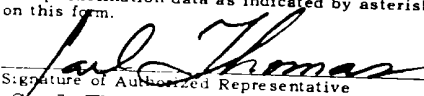
INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		6. RRC District
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	7. RRC Lease Number. (Oil completions only)
East Mason--Delaware (Ext.)	Ohio State	State IG-3620
3. OPERATOR		8. Well Number
Equitable Petroleum Corporation		1
4. ADDRESS		9. RRC Identification Number (Gas completions only)
P.O.Box 8407 Metairie, La. 70011		
5. LOCATION (Section, Block, and Survey)		10. County
Sec. 16, Twp. 26s Rng. 32e Lea County, New Mexico		Lea

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
550		1/4	2.4200		2.4200
1050		1/2	4.3500		6.7700
1556		3/4	6.6286		13.3986
1962		1-3/4	12.3830		25.7816
2088		2	4.3974		30.1790
2371		1-1/2	7.4146		37.5936
2621		1-1/2	6.5500		44.1436
3171		1-1/2	14.4100		58.5536
3610		2	15.3211		73.8747
4125		2	17.4500		91.3247

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 4425 feet = 91.3247 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☒ Open hole ☐ Drill Pipe
20. Distance from surface location of well to the nearest lease line 400 feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No feet.
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form. <u>Don Brashears</u> Signature of Authorized Representative <u>Don Brashears</u> Name of Person and Title (type or print) <u>Corky Drilling Company</u> Name of Company Telephone: _____ Area Code _____	OPERATOR CERTIFICATION I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.  Signature of Authorized Representative <u>Carl Thomas - Production Supervisor</u> Name of Person and Title (type or print) <u>Equitable Petroleum Corporation</u> Operator Telephone: <u>504</u> <u>831-0381</u> Area Code _____
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Railroad Commission Use Only:

Title: _____

Date: _____

I hereby certify that the company that conducted the inclination surveys.