

N. M. OIL CONS. COMMISSION UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY P. O. BOX 1980 HOBBS, NEW MEXICO

SUBMIT IN DUPLIK

(See other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 20381

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Byak Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec 8-T26S-R34E

12. COUNTY OR PARISH

Lea

13. STATE

NM

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL [ ] GAS WELL [ ] DRY [X] Other [ ]

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other [ ]

2. NAME OF OPERATOR

Gulf Oil Corp.

3. ADDRESS OF OPERATOR

P.O. Box 670 Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface 925' FSL + 1980' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

Lea

13. STATE

NM

15. DATE SPUNDED

3-31-84

16. DATE T.D. REACHED

4-9-84

17. DATE COMPL. (Ready to prod.)

Dry

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\*

3360' GK

19. ELEV. CASINGHEAD

-

20. TOTAL DEPTH, MD & TVD

5450'

21. PLUG, BACK T.D., MD & TVD

-

22. IF MULTIPLE COMPL., HOW MANY\*

Dry

23. INTERVALS DRILLED BY

0'-5450'

ROTARY TOOLS

-

CABLE TOOLS

-

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

None

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR/SONIC DLL

27. WAS WELL CORED

No

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

Table with 6 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Handwritten entries: 8 5/8", 24#, 523', 12 1/4", 350 cy - Circ.

29. LINER RECORD

Table with 5 columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT\*, SCREEN (MD). All fields are empty.

30. TUBING RECORD

Table with 3 columns: SIZE, DEPTH SET (MD), PACKER SET (MD). All fields are empty.

31. PERFORATION RECORD (Interval, size and number)

None

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

Table with 2 columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Handwritten entry: None.

33.\* PRODUCTION

Table with 8 columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKER SIZE, PROD'N. FOR TEST PERIOD, OIL-BBL., GAS-MCF., WATER-BBL., GAS-OIL RATIO, FLOW. TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL-BBL., GAS-MCF., WATER-BBL., OIL GRAVITY-API (CORR.).

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

Dry

ACCEPTED FOR RECORD

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

MAY 1 1984

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

SIGNED

RDPite

TITLE

AREA ENGINEER ROSWELL, NEW MEXICO

DATE

4-18-84

\*(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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
				38.	
				Fustler Delaware	678 5307
					TOP TRUE VERT. DEPTH

RECEIVED  
MAY 2 1984  
O.C.D.  
HOBBS OFFICE