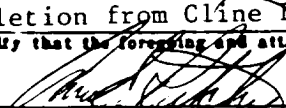


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240  
FORM APPROVED  
OMB NO. 1004-0137  
February 1995

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

|                                                                                                                                                                                           |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|--------------------------------------|--|------------------------------------|--|--------------------------------------------------------|--|----------------------------------|--|----------------------------------------------|--|------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|---------------------------------------------|--|---------------------------|--|
| 1. TYPE OF WELL:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>                            |  | 2. NAME OF OPERATOR<br>Chuzza Operating                              |  | 3. ADDRESS AND TELEPHONE NO.<br>c/o Box 953, Midland, Texas 79702 |  | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface 1980' FSL and 1980' FEL<br>At top prod. interval reported below<br>At total depth |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM NM 2244 |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |  | 7. UNIT AGREEMENT NAME<br>34       |  | 8. FARM OR LEASE NAME, WELL NO.<br>Phillips Federal #1 |  | 9. API WELL NO.<br>30-025-29523  |  | 10. FIELD AND POOL, OR WILDCAT<br>Cline Tubb |  | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br>Sec. 12, T-23-S, R-37-E |  | 12. COUNTY OR PARISH<br>Lea                                                                                       |  | 13. STATE<br>NM                        |  |                                             |  |                           |  |
| 15. DATE SPUDDED                                                                                                                                                                          |  | 16. DATE T.D. REACHED                                                |  | 17. DATE COMPL. (Ready to prod.)                                  |  | 18. ELEVATIONS (DF, BAR, ST, OR, ETC.)*                                                                                                                                                      |  | 19. ELEV. CASINGHEAD                              |  | 20. TOTAL DEPTH, MD & TVD            |  | 21. PLUG, BACK T.D., MD & TVD      |  | 22. IF MULTIPLE COMPL., HOW MANY*                      |  | 23. INTERVALS DRILLED BY<br>→    |  | ROTARY TOOLS<br>X                            |  | CABLE TOOLS                                                                  |  | 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br>6191' - 6232' w/12 shots per ft. |  | 25. WAS DIRECTIONAL SURVEY MADE<br>N/A |  | 26. TYPE ELECTRIC AND OTHER LOGS RUN<br>GRN |  | 27. WAS WELL CORED<br>N/A |  |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                        |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| CASING SIZE/GRADE                                                                                                                                                                         |  | WEIGHT, LB./FT.                                                      |  | DEPTH SET (MD)                                                    |  | HOLE SIZE                                                                                                                                                                                    |  | TOP OF CEMENT, CEMENTING RECORD                   |  | AMOUNT PULLED                        |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 5-1/2"                                                                                                                                                                                    |  | 17 #                                                                 |  | 7584'                                                             |  | 7-7/8"                                                                                                                                                                                       |  | Circ.                                             |  | 0                                    |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 29. LINER RECORD                                                                                                                                                                          |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| SIZE                                                                                                                                                                                      |  | TOP (MD)                                                             |  | BOTTOM (MD)                                                       |  | BACKS CEMENT*                                                                                                                                                                                |  | SCREEN (MD)                                       |  | 30. TUBING RECORD                    |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
|                                                                                                                                                                                           |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  | SIZE                                 |  | DEPTH SET (MD)                     |  | PACKER SET (MD)                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
|                                                                                                                                                                                           |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  | 2-3/8"                               |  | 6090'                              |  | 6090'                                                  |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 31. PREPARATION RECORD (Interval, size and number)<br>6191' 6232' w/12 shots per ft.<br>No production from perfs @ 5695' - 5732'<br>Intend to squeeze or request permission to commingle. |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.         |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
|                                                                                                                                                                                           |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  | DEPTH INTERVAL (MD)                                    |  | AMOUNT AND KIND OF MATERIAL USED |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
|                                                                                                                                                                                           |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  | 6191' - 6232'                                          |  | 3000 gals. gelled 15% acid       |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
|                                                                                                                                                                                           |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
|                                                                                                                                                                                           |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 33. PRODUCTION                                                                                                                                                                            |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| DATE FIRST PRODUCTION                                                                                                                                                                     |  | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  | WELL STATUS (Producing or shut-in) |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 12-6-94                                                                                                                                                                                   |  | Flowing                                                              |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  | Producing                          |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| DATE OF TEST                                                                                                                                                                              |  | HOLES TESTED                                                         |  | CROCK SIZE                                                        |  | PROD'N. FOR TEST PERIOD                                                                                                                                                                      |  | OIL—BBL.                                          |  | GAS—MCF                              |  | WATER—BBL.                         |  | GAS-OIL RATIO                                          |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 12-6-94                                                                                                                                                                                   |  | 24                                                                   |  | 24/64"                                                            |  | →                                                                                                                                                                                            |  | 110                                               |  | 100                                  |  | 0                                  |  | 909                                                    |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| FLOW, TUBING PRESS.                                                                                                                                                                       |  | CASING PRESSURE                                                      |  | CALCULATED 24-HOUR RATE                                           |  | OIL—BBL.                                                                                                                                                                                     |  | GAS—MCF                                           |  | WATER—BBL.                           |  | OIL GRAVITY-API (CORR.)            |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 150 #                                                                                                                                                                                     |  | 0                                                                    |  | →                                                                 |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  | 39                                 |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)<br>Sold                                                                                                                        |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  | TEST WITNESSED BY<br>J. L. Lora<br>JAN 2 1995          |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 35. LIST OF ATTACHMENTS<br>Recompletion from Cline Brinkard Abo                                                                                                                           |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records                                                         |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  |                                                        |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
| SIGNED                                                                                                 |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  | TITLE Regulatory Agent                                 |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |
|                                                                                                                                                                                           |  |                                                                      |  |                                                                   |  |                                                                                                                                                                                              |  |                                                   |  |                                      |  |                                    |  | DATE 12-21-94                                          |  |                                  |  |                                              |  |                                                                              |  |                                                                                                                   |  |                                        |  |                                             |  |                           |  |

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

**RECEIVED**

1963  
HOBBS  
OFFICE