

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☒	GAS WELL ☐	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR HIGHLAND PRODUCTION COMPANY						5. LEASE DESIGNATION AND SERIAL NO. LC-068281-A	
3. ADDRESS OF OPERATOR 810 N. Dixie Blvd., Ste. 202, Odessa, Texas 79761						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1662' FEL & 2310' FSL At top prod. interval reported below 1662' FEL & 2310' FSL At total depth 1662' FEL & 2310' FSL						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						DATE ISSUED 3-16-87	
15. DATE SPUDDED 3-22-87						13. STATE Lea New Mexico	
18. DATE T.D. REACHED 4-5-87						12. COUNTY OR PARISH Lea	
17. DATE COMPL. (Ready to prod.) 4-14-87						13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3170.5 GR						13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 4368						13. STATE New Mexico	
21. PLUG, BACK T.D., MD & TVD 4306						13. STATE New Mexico	
22. IF MULTIPLE COMPL., HOW MANY*						13. STATE New Mexico	
23. INTERVALS DRILLED BY						13. STATE New Mexico	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4301 - 4304 Delaware						13. STATE New Mexico	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron Log						13. STATE New Mexico	
23. CASING RECORD (Report all strings set in well)						13. STATE New Mexico	
29. LINER RECORD						13. STATE New Mexico	
30. TUBING RECORD						13. STATE New Mexico	
31. PERFORATION RECORD (Interval, size and number) 4301 to 4304 7 Shots .043						13. STATE New Mexico	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.						13. STATE New Mexico	
33. PRODUCTION						13. STATE New Mexico	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented						13. STATE New Mexico	
35. LIST OF ATTACHMENTS 1 copy Deviation Survey, 1 copy Gamma Ray Neutron Log.						13. STATE New Mexico	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records						13. STATE New Mexico	
SIGNED Marvin L. Smith						13. STATE New Mexico	
TITLE President						13. STATE New Mexico	
DATE 4-16-87						13. STATE New Mexico	

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

SJS
CARLSBAD, NEW MEXICO

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.)

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	TRUE VERT. DEPTH
Delaware	4301	4304	95% Sandstone, light gray to gray, slightly shaly, slightly calcareous, slightly laminated with black shale, silty. 80% good to fair oil fluorensence, SL cut when crushed. 5% shale, black silty. Bailed slight rainbow show of oil with odor of sweet gas.	Top Rushler FM " Salado Salt " Castile FM " Uppermost Salt " in Castile FM " "M" Sale in Castile FM Base of "M" Salt Top Lowermost Salt Base Lowermost Salt Top Lamar Shale "Delaware Lime" Top Delaware Sandstone	962 1298 2300 2915 3503 3714 3813 4056 4191 4301	

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