

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0137
Expires: December 31, 1991

SUBMIT ORIGINAL WITH 5 COPIES

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. Type of Well: OIL <input checked="" type="checkbox"/> WELL GAS <input checked="" type="checkbox"/> WELL DRY <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Lease Designation and Serial No. LC 032650B	
1b. Type of Completion NEW <input type="checkbox"/> WELL WORK <input type="checkbox"/> OVER DEEPEN <input type="checkbox"/> PLUG <input checked="" type="checkbox"/> BACK DIFF. <input type="checkbox"/> RESVR. OTHER RECOMPLETE TO ABO		6. If Indian, Allottee or Tribe Name	
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.		7. If Unit or CA, Agreement Designation	
3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0442		8. Well Name and Number COATES, A. B. -C-	
4. Location of Well (Report location clearly and in accordance with any State requirements. *) At Surface Unit Letter K : 1980 Feet From The SOUTH Line and 2310 Feet From The WEST Line At proposed prod. zone		9. API Well No. 30 025 11735	
At Total Depth		10. Field and Pool, Exploaratory Area Justis Abo	11. SEC., T., R., M., or BLK. and Survey or Area Sec. 24, Township 25S, Range 37E
14. Permit No.		Date Issued	12. County or Parish LEA
15. Date Spudded 4/28/58		16. Date T.D. Reached 3/18/96	17. Date Compl. (Ready to Prod.) 4/12/96
18. Elevations (Show whether DF, RT, GR, etc.) 3070 GL		19. Elev. Casinhead	
20. Total Depth, MD & TVD 8160'		21. Plug Back T.D., MD & TVD 6808'-6818'	22. If Multiple Compl., How Many*
23. Intervals Drilled By -->		Rotary Tools ROTARY	
24. Producing Interval(s), Of This Completion - Top, Bottom, Name (MD and TVD)* 6180'-6521' JUSTIS ABO POOL		25. Was Directional Survey Made No	
26. Type Electric and Other Logs Run		27. Was Well Cored No	

28. CASING RECORD (Report all Strings set in well)					
CASING SIZE & GRADE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENT RECORD	AMOUNT PULLED
7"	23#	8160'		850 SX	TOC 3540
9.625"	32&36#	3349'		1200 SX	CIRC
13.375"	54&36#	541'		550 SX	CIRC

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2.375"	6758'
						6101'/6457

31. Perforation record (interval, size, and number) 7" CASING W/2 JSPF(.45"HOLE)@ 6180'-6193', 6201'-6207', 6230'-6243', 6250'-6253', 6270'-6278', 6287'-6289', 6292'-6294', 6298'-6301', 6350'-6354', 6391'-6401', 6407'-6414', 6428'-6430', 6436'-6438', 6440'-6443', 6448'-6458', 6464'-6466', 6476'-6481', 6485'-6488', 6515'-6521' (206 HOLES)				32. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED			
6350'-6521'		3000 GAL 15% NE-FE			
6180'-6301'		3000 GAL 15% NE-FE			

33. PRODUCTION							
Date First Production 3/26/96		Production Method (Flowing, gas lift, pumping - size and type pump) FLOWING				Well Status (Prod. or Shut-in) PROD	
Date of Test 4-12-96	Hours tested 24	Choke Size 14/64"	Prod'n For Test Period	Oil - Bbl. 0	Gas - MCF 620	Water - Bbl. 0	Gas - Oil Ratio
Flow Tubing Press. 300	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.) SOLD						Test Witnessed By FRED REYNOLDS	
35. List of Attachments							

36. I hereby certify that the foregoing is true and correct

SIGNATURE Paula S. Ives TITLE Engineering Assistant DATE 4/29/96

TYPE OR PRINT NAME Paula S. Ives

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

[illegible]

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals

575 SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☒ GAS WELL ☐ OTHER
2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.
3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0442
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter K : 1980 Feet From The SOUTH Line and 2310 Feet From The
WEST Line Section 24 Township 25S Range 37E

5. Lease Designation and Serial No.
LC 032650B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
COATES, A. B. -C-
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9. API Well No.
30 025 11735

10. Field and Pool, Exploratory Area
Justis Abo

11. County or Parish, State
LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☒ Recompletion
☒ Plugging Back
☐ Casing Repair
☐ Attaching Casing
☐ OTHER: _____
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 3-15-96, MIRU. TOH with production equipment. Install BOP.
- Run casing scraper.
- 3-18-96, Set CIBP @ 6600' & cap with 35' cement.
- Perforate interval from 6180'-6521' with 2 jsfp and 206 holes.
- 3-20-96, Acid treat perforations.
- 3-26-96, Swab well back to production.
- Return well to production and place on test. 4-12-96 24 HR TEST 0- OIL, 0-WATER, 620 MCF/G

ACCEPTED
[Signature]

APR 30 10 54 AM 1996
BUREAU OF LAND MANAGEMENT

14. I hereby certify that the foregoing is true and correct.

SIGNATURE *Paula S. Ives* TITLE Engineering Assistant DATE 4/29/96

TYPE OR PRINT NAME Paula S. Ives

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.