

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

RECEIVED
INSTRUCTIONS ON
REVERSE SIDE

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

LEASE DESIGNATION AND SERIAL NO.
LC-055546

ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

Langlie Jal Unit WSW

FARM OR LEASE NAME

WELL NO.

WSW-2

FIELD AND POOL, OR WILDCAT

Langlie Mattix SR-QNG8

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

5-25S-37E

COUNTY OR
PARISH

Lea

STATE

NM

ELEV. CASINGHEAD

ROTARY TOOLS

CABLE TOOLS

25. WAS DIRECTIONAL
SURVEY MADE

No

27. WAS WELL CORED

No

28. TYPE ELECTRIC AND OTHER LOGS RUN

CNL

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

CASING SIZE

13 3/8"

8 5/8"

WEIGHT, LB./FT.

48#

32#

DEPTH SET (MD)

820

3700

HOLE SIZE

17 1/2"

11

CEMENTING RECORD

870'

1600'

AMOUNT PULLED

None

None

29. LINER RECORD

SIZE

None

TOP (MD)

BOTTOM (MD)

SACKS CEMENT*

SCREEN (MD)

30. TUBING RECORD

SIZE

3 1/2"

DEPTH SET (MD)

2014'

PACKER SET (MD)

Sub Pump

31. PERFORATION RECORD (Interval, size and number)

None - Open Hole 3700 - 4900'

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

DEPTH INTERVAL (MD)

AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

DATE FIRST PRODUCTION

1-8-91

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

Producing

DATE OF TEST

1-8-91

HOURS TESTED

CHOKER SIZE

PROD'N. FOR TEST PERIOD

OIL—BSL.

GAS—MCF.

WATER—BSL.

GAS-OIL RATIO

6650

FLOW. TUBING PRESS.

CASING PRESSURE

CALCULATED 24-HOUR RATE

OIL—BSL.

GAS—MCF.

WATER—BSL.

OIL GRAVITY-API (CORR.)

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

Water Supply Well

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

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

SIGNED

Regulatory Permit Coordinator

DATE

1-8-91

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

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):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Capitan Reef	3698	4900		Rustler	1145	Same
				Transil	2735	Same
				Yates	2945	Same
				Seven Rivers	3165	Same

38.

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