

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1625 French Dr.
Hobbs, NM 88240
Budget Bureau No. 1004-0137
December 31, 1991

SUBMIT ORIGINAL WITH 5 COPIES

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. Type of Well: OIL ☒ WELL GAS ☐ WELL DRY ☐ OTHER ☐
1b. Type of Completion: NEW ☐ WORK ☐ DEEPEN ☐ PLUG ☐ DIFF. ☐ OTHER RECOMPLETION
WELL OVER N BACK RESVR

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No.
15 SMITH ROAD, MIDLAND, TX 79705 915-687-737

4. Location of Well (Report location clearly and in accordance with any State requirements.)
At Surface
Unit Letter O : 990 Feet From The SOUTH Line and 2250 Feet From The EAST Line
At proposed prod. zone

At Total Depth

15. Date Spudded 12/10/01
16. Date T.D. Reached
17. Date Compl. (Ready to Prod.) 12/17/01
18. Elevations (Show whether DF, RT, GR, etc.) 3169'

20. Total Depth, MD & TVD 7400'
21. Plug Back T.D., MD & TVD 5000' CIBP
22. If Multiple Compl., How Many*

24. Producing Interval(s), Of This Completion -- Top, Bottom, Name (MD and TVD)*
3404-3510 GRAYBURG

26. Type Electric and Other Logs Run
N/A

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

CASING SIZE & GRADE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENT RECORD	AMOUNT PULLED
8-5/8"		995'	11"	525, CIR 106	
5-1/2"		7400'	7-7/8"	1700, CIR 129	

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2 7/8"	3600'

31. Perforation record (interval, size, and number)		32. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
3404-14, 3468-75, 3484-3510		DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
		3404-3510	ACIDIZE W/3000 GALS 20% HCL
			ACIDIZE W/6000 GALS 20% HCL

33. PRODUCTION

Date First Production 12/20/01		Production Method (Flowing, gas lift, pumping - size and type pump) PUMPING 2 1/2"X2"X20' INSERT PUMP					Well Status (Prod. or Shut-in)	
Date of Test 1-25-02	Hours tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl. 10	Gas - MCF 210	Water - Bbl. 12	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.)
SOLD

35. List of Attachments
NONE

36. I hereby certify that the foregoing is true and correct
SIGNATURE *J. Denise Leake* TITLE Regulatory Specialist DATE 2/8/02
TYPE OR PRINT NAME J. Denise Leake

RECEIVED

2002 FEB 11 AM 10:37

BUREAU OF LAND MGMT
ROSWELL OFFICE