

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTBudget Bureau No. 1004-0137
Expires: December 31, 1991

SUBMIT ORIGINAL WITH 5 COPIES

M. Oil Cons. Division

Lease Designation and Serial No.

NM 10934

WELL COMPLETION OR RECOMPLETION REPORT AND LOG
325 N. French Dr.
Hobbs, NM 88240

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

2. Name of Operator

TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No.

205 E. Bender, HOBBS, NM 88240

397-0405

4. Location of Well (Report location clearly and in accordance with any State requirements *)

At Surface

Unit Letter E : 1400 Feet From The NORTH Line and 330 Feet From The WEST Line

At proposed prod. zone

229 3/4 FNL, 9 1/4 FWL, SECTION 35, T4S, R37E

At Total Depth

7144'

14. Permit No.

Date Issued

12. County or Parish

13. State

LEA

NM

15. Date Spudded

11/10/00

16. Date T.D. Reached

11/28/00

17. Date Compl. (Ready to Prod.)

12/8/00

18. Elevations (Show whether DF, RT, GR, etc.)

GL 3190', BK 3203'

19. Elev. Casinhead

20. Total Depth, MD & TVD

7144'

21. Plug Back T.D., MD & TVD

22. If Muddy or Choked, How Many*

23. Intervals Rotary Tools
Drilled By -->

CableTools

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

6027-6031 TUBB DRINKARD

25. Was Directional Survey Made

YES

26. Type Electric and Other Logs Run

TDT, GR

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
WC50, 8 5/8	24#	925'	11	325 SX CIRC 50 SX	
L80/K55, 4.5	11.6#	6400'	7 7/8	1400 SACKS - TOC @ 4	

29.

LINER RECORD

SIZE

TOP

BOTTOM

SACKS CEMENT

SCREEN

30.

TUBING RECORD

SIZE

DEPTH SET

PACKER SET

2-3/8"

6245'

31. Perforation record (interval, size, and number)

6027-6031

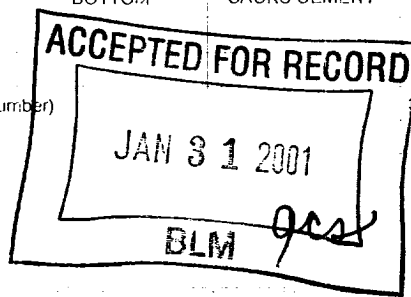
32. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

DEPTH INTERVAL

AMOUNT AND KIND MATERIAL USED

6027-6031

ACIDIZE 40,000 GALS 15% HCL



33.

PRODUCTION

Date First Production

12/18/00

Production Method (Flowing, gas lift, pumping - size and type pump)

PUMPING RHBC 20X5X2

Well Status (Prod. or Shut-in)

PRODUCING

Date of Test

12/26/00

Hours tested

24

Choke Size

Prod'n For
Test PeriodOil - Bbl.
9Gas - MCF
238Water - Bbl.
238

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

Test Witnessed By

35. List of Attachments

DEVIATION SURVEY

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

SIGNATURE

J. Denise Leake

TITLE

Engineering Assistant

TYPE OR PRINT NAME

J. Denise Leake

DATE

1/26/01

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-102

Revised February 10, 1999

Instructions on back

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

✓ AMENDED REPORT

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-34053	² Pool Code 35280	³ Pool Name JUSTIS TUBB DRINKARD
⁴ Property Code 010943	⁵ Property Name C. C. FRISTOE 'A' FEDERAL NCT-1	⁶ Well No. 13
⁷ OGRID Number 022351	⁸ Operator Name TEXACO EXPLORATION & PRODUCTION INC.	⁹ Elevation GL 3190', BK-3203'

¹⁰ Surface Location

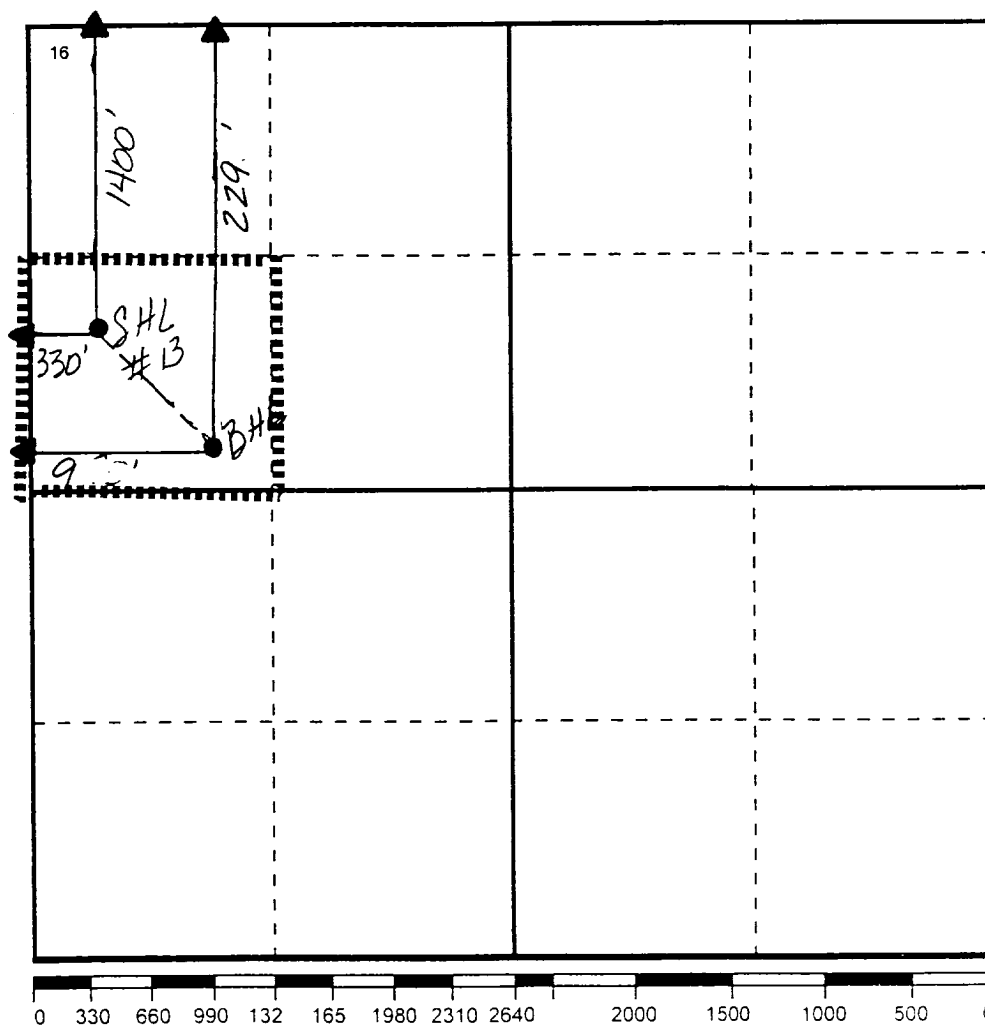
UI or lot no	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
E	35	24-S	37-E		1400	NORTH	330	WEST	LEA

¹¹ Bottom Hole Location If Different From Surface

UI or lot no	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
E	35	24S	37E		2293'	NORTH	965'	WEST	LEA

¹² Dedicated Acre 40	¹³ Joint or Infill No	¹⁴ Consolidation Code	¹⁵ Order No.
------------------------------------	-------------------------------------	----------------------------------	-------------------------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

¹⁷ OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Signature

Printed Name

J. Denise Leake

Position

Engineering Assistant

Date

1-26 '01

¹⁸ SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of

Professional Surveyor

Certificate No.