

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

**LC-028784-93 (b)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Keely B**

9. WELL NO.

**#6**

10. FIELD AND POOL, OR WILDCAT

**Grayburg-Jackson**

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

**Sec. 25, T-17-S, R-29-E**

12. COUNTY OR PARISH

**Eddy**

13. STATE

**N. M.**

1a. TYPE OF WELL:

OIL WELL ☐GAS WELL ☐DRY ☐

Other

**Water Injection**

b. TYPE OF COMPLETION:

NEW WELL ☐WORK OVER ☐DEEP-EN ☒PLUG BACK ☐DIFF. RESVR. ☐

Other

2. NAME OF OPERATOR

**General American Oil Company of Texas**

3. ADDRESS OF OPERATOR

**P. O. Box 416, Loco Hills, New Mexico 88255**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface **660' FNL and 1980' FNL, Section 25, Twp. 17-S, Rge. 29-E**

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

**1-30-69**

16. DATE T.D. REACHED

**2-3-69**

17. DATE COMPL. (Ready to prod.)

**Injection 4/25/69**

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\*

**3399' DF**

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD

**3158'**

21. PLUG, BACK T.D., MD &amp; TVD

22. IF MULTIPLE COMPL., HOW MANY\*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

**3082'-3158'**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)

**Water Injection**

26. TYPE ELECTRIC AND OTHER LOGS RUN

**None****MAY 2 1969**

27. WAS WELL CORED

**No****No**

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

| CASING SIZE   | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | ARTESIAN RECORD  | AMOUNT PULLED |
|---------------|-----------------|----------------|-----------|------------------|---------------|
| <b>8 5/8"</b> | <b>28#</b>      | <b>420'</b>    |           | <b>50 Sacks</b>  | <b>None</b>   |
| <b>7"</b>     | <b>20#</b>      | <b>2819'</b>   |           | <b>100 Sacks</b> | <b>None</b>   |
|               |                 |                |           |                  |               |
|               |                 |                |           |                  |               |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE      | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|-----------|----------------|-----------------|
|      |          |             |               |             | <b>2"</b> | <b>2768'</b>   | <b>2768'</b>    |
|      |          |             |               |             |           |                |                 |
|      |          |             |               |             |           |                |                 |

31. PERFORATION RECORD (Interval, size and number)

**Open Hole**

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
| <b>2819'-3158'</b>  | <b>1000 gallons 20% acid</b>     |
|                     | <b>300# graded rock salt.</b>    |
|                     |                                  |
|                     |                                  |

33.\* PRODUCTION

DATE FIRST ~~Produced~~ **4-25-69** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

| DATE OF TEST        | HOURS TESTED    | CHOKE SIZE              | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF.   | WATER—BBL.              | 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.)

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

TITLE **District Superintendent**DATE **April 28, 1969**

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

# 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: |  |     |        | 38. GEOLOGIC MARKERS                                                  |                               |             |     |                  |
|------------------------------|--|-----|--------|-----------------------------------------------------------------------|-------------------------------|-------------|-----|------------------|
| FORMATION                    |  | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC.                                           | NAME                          | MEAS. DEPTH | TOP | TRIM VERT. DEPTH |
| San Andres                   |  |     |        | Deepened 3082'-3158' in lime,<br>all within the San Andres formation. | No new tops were encountered. |             |     |                  |