

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

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

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

|                                                                                              |  |                                                                                                                                   |                                    |                                             |                                    |                                       |                                |
|----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------|------------------------------------|---------------------------------------|--------------------------------|
| 1a. TYPE OF WELL:                                                                            |  | OIL WELL <input checked="" type="checkbox"/>                                                                                      | GAS WELL <input type="checkbox"/>  | DRY <input type="checkbox"/>                | Other <input type="checkbox"/>     |                                       |                                |
| b. TYPE OF COMPLETION:                                                                       |  | NEW WELL <input type="checkbox"/>                                                                                                 | WORK OVER <input type="checkbox"/> | DEEP-EN <input checked="" type="checkbox"/> | PLUG BACK <input type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/> | Other <input type="checkbox"/> |
| 2. NAME OF OPERATOR                                                                          |  | Skelly Oil Company                                                                                                                |                                    |                                             |                                    | O. C. C.                              |                                |
| 3. ADDRESS OF OPERATOR                                                                       |  | P.O. Box 730, Hobbs, New Mexico                                                                                                   |                                    |                                             |                                    | ARTESIA, OFFICE                       |                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* |  | At surface 310' FSL and 660' FSL Section 22-178-31E                                                                               |                                    |                                             |                                    |                                       |                                |
| At top prod. interval reported below                                                         |  |                                                                                                                                   |                                    |                                             |                                    |                                       |                                |
| At total depth                                                                               |  |                                                                                                                                   |                                    |                                             |                                    |                                       |                                |
| 14. PERMIT NO.                                                                               |  | DATE ISSUED                                                                                                                       |                                    |                                             |                                    |                                       |                                |
| 15. DATE SPUDDED                                                                             |  | 16. DATE T.D. REACHED                                                                                                             |                                    |                                             |                                    | 17. DATE COMPL. (Ready to prod.)      |                                |
| 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*                                                      |  | 19. ELEV. CASINGHEAD                                                                                                              |                                    |                                             |                                    |                                       |                                |
| 20. TOTAL DEPTH, MD & TVD                                                                    |  | 21. PLUG, BACK T.D., MD & TVD                                                                                                     |                                    |                                             |                                    | 22. IF MULTIPLE COMPL., HOW MANY*     |                                |
| 23. INTERVALS DRILLED BY                                                                     |  | ROTARY TOOLS                                                                                                                      |                                    |                                             |                                    | CABLE TOOLS                           |                                |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*                |  | 25. WAS DIRECTIONAL SURVEY MADE                                                                                                   |                                    |                                             |                                    |                                       |                                |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                         |  | 27. WAS WELL CORED                                                                                                                |                                    |                                             |                                    |                                       |                                |
| 28. CASING RECORD (Report all strings set in well)                                           |  | 29. LINER RECORD                                                                                                                  |                                    |                                             |                                    | 30. TUBING RECORD                     |                                |
| 31. PERFORATION RECORD (Interval, size and number)                                           |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                    |                                    |                                             |                                    |                                       |                                |
| 33.* PRODUCTION                                                                              |  | 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 |                                    |                                             |                                    |                                       |                                |

**Reopening Details**

March 23, 1967

3829' DF

3850'

3700-3850'

old - 3589-3700' - Open hole - (Grayburg)

new - 3255-3561' - Intervals - (Grayburg)

new - 3700-3850' - Open hole - (San Andres)

McCullough - Gamma Ray Neutron Log

SEE COMPLETION LOG DATED SEPTEMBER 16, 1959

Perf. 5-1/2"

casing with 1 shot per interval at following depths: 3235, 3264.5, 3271, 3272, 3280, 3311, 3322, 3330, 3372, 3381, 3398, 3423, 3433, 3435, 3470, 3483, 3488, 3551, 3561, a total of 19' and 19 shots.

2,000 gals. reg. 15% acid.

250 gals. reg. 15% acid.

1500 gals. reg. 15% acid.

15,000 20/40 sand & 15,000 gals. slick water.

March 30, 1967

Pumping - 2" x 1-1/4" x 12' BHP

Producing

April 3, 1967

24

Sold

Frank King

SIGNED (SIGNED) V. E. Fletcher

TITLE District Superintendent

DATE April 6, 1967

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

## INSTRUCTIONS

if not met 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.), formations, 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.

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.

**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:<br>SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING<br>DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES |     | 38. GEOLOGIC MARKERS |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|-----------------------------|
| FORMATION                                                                                                                                                                                                                                             | TOP | BOTTOM               | DESCRIPTION, CONTENTS, ETC. |
|                                                                                                                                                                                                                                                       |     |                      |                             |

  

| NAME                                        | TOP         |                  |
|---------------------------------------------|-------------|------------------|
|                                             | MEAS. DEPTH | TRUE VERT. DEPTH |
| See Completion Log dated September 16, 1939 |             |                  |