

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☒	GAS WELL ☐	DRY ☐	Other ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR Texas American Oil Corporation						DEC 5 1974	
3. ADDRESS OF OPERATOR 1012 Midland Savings Bldg. Midland, Texas 79701						U.S.G.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 2310' FNL & 330' FEL, Sec. 17-17S-30E At top prod. interval reported below At total depth						OFFICE	
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH Eddy		13. STATE New Mexico	
15. DATE SPUDDED 5-6-74	16. DATE T.D. REACHED 6-10-74	17. DATE COMPL. (Ready to prod.) 11-27-74	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3680' GR		19. ELEV. CASINGHEAD 3680'		
20. TOTAL DEPTH, MD & TVD 2850'	21. PLUG, BACK T.D., MD & TVD 2833'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS	CABLE TOOLS 0-2850'		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Queen Sand 2071' - 2078' w/14 holes					25. WAS DIRECTIONAL SURVEY MADE No		
26. TYPE ELECTRIC AND OTHER LOGS RUN Dresser Atlas Gamma Ray - Acoustic Log					27. WAS WELL CORED No		
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
8-5/8"	28#	475'	10"	150 sxs			
4-1/2"	9.50# &	2850'	8"	450 sxs			
	10.8#						
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	2037	None
31. PERFORATION RECORD (Interval, size and number) 2071' - 2078' (14 - .35" holes)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				2071' - 2078'			
				AMOUNT AND KIND OF MATERIAL USED			
				21,000 gal gelled wtr &			
				19,500# sand			
33. PRODUCTION							
DATE FIRST PRODUCTION 11-27-74		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump (1-1/2" x 36" x 14 SPM)				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 11-28-74	HOURS TESTED 24	CHOKE SIZE -	PROD'N. FOR TEST PERIOD →	OIL—BBL. 16	GAS—MCF. 4	WATER—BBL. 8LW	GAS-OIL RATIO 275
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.) Continental Oil Company						TEST WITNESSED BY N. T. Emanuel	
35. LIST OF ATTACHMENTS Gamma Ray Acoustic Log							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED [Signature]		TITLE Engineer				DATE 12-3-74	

*(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 33.

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: 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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Queen Sand	0	559	Red Beds, Anhy.	Top Salt	559	
	559	1020	Salt	Base Salt	1020	
	1020	2070	Anhy, Lm. Shly Sd.	Top Queen	2070	
	2070	2097	Sand & Sdy Lm	Top Grayburg	2451	
	2097	2451	Anhy, Lm & Shale	Top San Andres	2756	
	2451	2756	Dolomite, Sand & Shale			
	2756	2850	Dolomite			
		2850	Total Depth			