

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions reverse)

Form approved Budget Bureau No. 42-R385.5

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1. TYPE OF WELL: OIL WELL [X] GAS WELL [] DRY [] Other []

2. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [] DEEP-EN [] PLUG BACK [] DIFF. DESVR. [] Other []

2. NAME OF OPERATOR Atlantic Richfield Company

3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 430' FSL & 2250' FEL (Unit letter O) At top prod. interval reported below At total depth as above

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 2/4/75 16. DATE T.D. REACHED 2/12/75 17. DATE COMPL. (Ready to prod.) 2/28/75 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3760.4' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 3250' 21. PLUG, BACK T.D., MD & TVD 3202' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-3250' ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2889-3170' Queen Grayburg SA 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Laterolog, BHC Gray Density Neutron, Micro Laterolog & Corr log 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well) Table with columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED

29. LINER RECORD Table with columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD) 30. TUBING RECORD Table with columns: SIZE, DEPTH SET (MD), PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number) 2889-91' (.42" - 4 holes) 2945, 47, 49, 51' (.42" - 4 holes) 3164, 66, 68, 70' (.42" - 4 holes) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. Table with columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION Table with columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKER 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.) Sold TEST WITNESSED BY J. M. Arning

35. LIST OF ATTACHMENTS Items as listed in #26 & Record of Inclination

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [Signature] TITLE Dist. Drlg. Supv. DATE 6/18/75

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

RECEIVED

JUN 24 1975

O. C. C. ARTESIA OFFICE

RECEIVED JUN 23 1975

U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

Handwritten initials and date 6-27-75

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: "Secks 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; CORRECTION INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	TRUE VERT. DEPTH
				38. GEOLOGIC MARKERS		
				Seven Rivers	1970'	1970'
				Queen	2390'	2390'
				Grayburg	2805'	2805'
				San Andres	3120'	3120'