N. M. O. C. C. COPY

Form 9-330
(Rev. 5-63)

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

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

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

2. NAME OF OPERATOR: Atlantic Richfield Company

3. ADDRESS OF OPERATOR: P. O. Box 1978, Roswell, New Mexico 88201

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 990' FSL & 1650' FWL (Unit Letter N)
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO.: NM-10190

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: East Shugart Unit WF

8. FARM OR LEASE NAME: East Shugart Unit

9. WELL NO.: 24

10. FIELD AND POOL, OR WILDCAT: Shugart-Yates/Queen

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 35, T18S, R31E

12. COUNTY OR PARISH:

13. STATE:

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
7/10/69	7/16/69	7/29/69	3629' CTF	

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
3930	3928		→	3516-3930	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 2738-2804 Yates; 3355-3897 Queen

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: GR-Neutron

27. WAS WELL CORED: No

RECEIVED
SEP 29 1969
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED
SEP 30 1969
O. C. C.
ARTESIA, OFFICE

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	24	923	10"	50 sx (1957)	
7	20	3395	8"	100 sx (1957)	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
4½" 9.5# Set 7/18/69	3084	3930	100	None

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	3891	None

31. PERFORATION RECORD (*Interval, size and number*)
2738, 2756, 2765, 2770, 2775, 2798 & 2804
3355, 3362, 3430, 3440, 3449, 3466,
3561, 3565, 3676 3692, 3874, 3879,
3893 & 3897 w/one 3/8" jet @ each depth

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2738-2804	1000 gal 15% HCl acid, 30000 gal wtr & 30000# 20/40 sd
3355-3897	1100 gal 15% HCl acid, 50000 gal fresh wtr & 50000# 20/40 sand.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
	Rod Pump 2" x 1-1/2" x 12'	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9/24/69	24			12	Unmsd	12	

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
			12	Unmsd	12	

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): Sold

TEST WITNESSED BY: Bill Smith

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: Original Signed O. D. Bretches TITLE: Dist. Drlg. Supervisor DATE: 9-26-69

*(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:
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.

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
No drill stem tests.			

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636