

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYCOPY
SUBMIT IN DUP. TE*(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

IC 029387D

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Kenwood Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Shugart - Grayburg

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

30-18S-31E

12. COUNTY OR
PARISH

Eddy

13. STATE

New Mexico

1a. TYPE OF WELL:

OIL

☐

GAS

☐

DRY

☒

b. TYPE OF COMPLETION:

NEW

☐

WORK

☐

DEEP-

☐

PLUG

☐

DIFF.

☒

Other

2. NAME OF OPERATOR

R. Q. Silverthorne

3. ADDRESS OF OPERATOR

P.O. Box 498, Artesia, New Mexico

ARTESIA OFFICE

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

At surface 2160' from West line, 2310' from South line,

Section 30-18S-31E, Eddy County, New Mexico

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

12-29-64

16. DATE T.D. REACHED

2-9-65

17. DATE COMPL. (Ready to prod.)

P & A 2-15-65

18. ELEVATIONS (DF, RSB, RT, GR, ETC.)*

3595 Ground level

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

0' to 3755'

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

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray Neutron

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"	24	787	11"	50 sacks	586'

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in) Plugged	
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

1 copy sample analysis 2 copies Gamma Ray Neutron log

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

SIGNED

Nancy King

TITLE

Agent

DATE

Feb. 18, 1965

*(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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Sandy shale	0	90		Top salt	724	
Red bed	90	160		Base salt	1822	
Red rock	160	465		Yates	2098	
Red shale	465	493		Seven Rivers	2435	
Anhydrite	493	670		Queen	3195	
Red rock	670	685		Penrose	3385	
Anhydrite	685	724		Grayburg	3615	
Salt	724	1807				
Anhydrite	1807	2405				
Anhy & lime	2405	2480				
Anhydrite	2480	2505				
Pink lime	2505	2530				
Anhy & lime	2530	2555				
Anhydrite	2555	2585				
Anhy & lime	2585	2705				
Lime	2705	3075				
Sandy lime	3075	3135				
Lime	3135	3170				
Sand	3170	3210				
Lime	3210	3748				
Sand	3748	3755	Water			