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to SUBMIT IN DUPLICATE*UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other In-
structions 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 ☐ RECEIVED

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other DEC 14 1964

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

O.C. I.
ARTESIA, OFFICE

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

At surface

1980' FNL & 1780' FEL of Section 24

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

10-17-64

16. DATE T.D. REACHED

11-29-64

17. DATE COMPL. (Ready to prod.)

12-5-64

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

3561 DF

19. ELEV. CASINGHEAD

3544

20. TOTAL DEPTH, MD & TVD

11,515

21. PLUG. BACK T.D., MD & TVD

11,486

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

10-11,515

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

11,416-11,444 Strawn Reef

26. TYPE ELECTRIC AND OTHER LOGS RUN

BNC Sonic-Gamma Ray-Caliper

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
13 3/8	48#	625	17 1/2	650 sx	none
8 5/8	32#	3954	11	1600 sx	none
4 1/2	11.6#	11512	7 7/8	160 sx	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	11,430	11,269

31. PERFORATION RECORD (Interval, size and number)

11,430-40 w/4 SPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
11,430-40	2500 gal 15% ret. acid

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
12-5-64		Flowing				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-5-64	24	13/64"	→	414	1806	0	2165
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
1225	Pkr	→	414	1806	0	46.8	

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

Vented until pipeline connection is available

TEST WITNESSED BY

Paul Watson

35. LIST OF ATTACHMENTS

Logs as listed in Section 26

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

SIGNED

J.F. Carnes

TITLE Dist. Production Foreman

DATE 12-9-64

*(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 practice, 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
Bone Springs Lime	7100	7150	Lime, Scattered porosity No DST	T/Rustler T/Salaño (Salt) T/Yates	680 947 2453
Strawn Reef	11416	11444	Lime, white to light tan, finely xln, vug. type porosity Good fluorescence and cut No DST	T/Del.Sd. T/Bone Spring lm T/1st Sand T/2nd Sand T/3rd Sand T/Wolfcamp Lime T/Strawn	5545 7075 8354 9120 9874 10515 11264