

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 ☐ GAS WELL ☐ DRY ☒ Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM 023524	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBAL _____	
2. NAME OF OPERATOR Texas Oil & Gas Corp. ✓				7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR 209 Vaughn Building, Amarillo, Texas				8. FARM OR LEASE NAME Federal E	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FNL 990' FEL, Sec. 15, T-20-S, R-20-E Chaves County, New Mexico At top prod. interval reported below: Approximately same as above At total depth Approximately same as above				9. WELL NO. 1	
14. PERMIT NO. _____		DATE ISSUED _____		10. FIELD AND POOL, OR WELL NO. Wildcat	
15. DATE SPUDDED 3-16-66				11. SEC. T. R., M., OR BLOCK AND SURF. OR AREA Section 15, T-20-S, R-20-E	
16. DATE T.D. REACHED 4-10-66		17. DATE COMPL. (Ready to prod.) 4-12-66		12. COUNTY OR PARISH Chaves	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4733' KB		19. ELEV. CASING HEAD 4721'		13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 8137'		21. PLUG, BACK T.D., MD & TVD Surface		22. IF MULTIPLE COMPL., HOW MANY* N/A	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-8137		CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None				25. WAS DIRECTION SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction and Density				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 CEMENTED
13 3/8		98.5'	17 1/2"	175 sx	none
8 5/8	24	1801	12 1/4 "	1630 sx	none
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
N/A					
30. TUBING RECORD			31. PERFORATION RECORD (Interval, size and number)		
SIZE	DEPTH SET (MD)	PACKER SET (MD)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
N/A			DEPTH INTERVAL (MD) N/A		
			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)
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) N/A					TEST WITNESSED BY _____
35. LIST OF ATTACHMENTS N/A					

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

SIGNED W. P. Schubert TITLE District Engineer DATE May 13, 1966

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.), formations 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
Fullerton	2490	2610	Sandstone - scattered porosity Thin Sandstone stringers with slight gas show while drilling with air Thin sand stringers Limestone & dolomite - sulphur water	Glorieta	1123	
Pennsylvanian	6500	6900		Yeso	1194	
Pennsylvanian	7300	7400		Fullerton	2457	
Devonian	8040	Total		Abo Shale	3070	
		Depth		Wolfcamp LS	4000	
			Wolfcamp Sh	4082		
			Penn?	5674		
				Chester LS	7482	
				Lower Miss.	7644	
				Woodford Shale	8005	
				Devonian	8040	