

451

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FEB 28 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____
 ARTESIA OFFICE COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR: **Ray Westall**
 3. ADDRESS OF OPERATOR: **Box 4 Loco Hills, New Mexico 88255**
 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
 At surface: **1980 FNL 1870 FWL**
 At top prod. interval reported below:
 At total depth:

5. LEASE DESIGNATION AND SERIAL NO.: **NM-33953**
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
 7. UNIT AGREEMENT NAME:
 8. FARM OR LEASE NAME: **Amoco Federal**
 9. WELL NO.: **2**
 10. FIELD AND POOL, OR WILDCAT: **Hackberry**
 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: **21-T19S-R31E**

14. PERMIT NO. _____ DATE ISSUED _____
 15. DATE SPUDDED: **11/21/84** 16. DATE T.D. REACHED: **11/24/84** 17. DATE COMPL. (Ready to prod.): **12/11/84** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*: **3494 GR** 19. ELEV. CASINGHEAD: **3495**
 20. TOTAL DEPTH, MD & TVD: **2425** 21. PLUG, BACK T.D., MD & TVD: **2405** 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY: **all** ROTARY TOOLS _____ CABLE TOOLS _____
 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: **2195-2323 Yates** 25. WAS DIRECTIONAL SURVEY MADE: **no**
 26. TYPE ELECTRIC AND OTHER LOGS RUN: **GRN** 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#	350	12 1/2"	250 SXS	none
5 1/2"	17#	2425	7 7/8"	600 SXS	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	2350	free

31. PERFORATION RECORD (Interval, size and number): **2195-2323 w/20'40 cal**

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2195-2323	2000 gal 15% SKA acid
	80000 gal KCL wtr.
	80000 # w/40 sd
	80000 # 10/12 sd

33.* PRODUCTION

DATE FIRST PRODUCTION: **1-25-85** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump): **Pumping** WELL STATUS (Producing or shut-in): **Producing**

DATE OF TEST: **1-28-85** HOURS TESTED: **24** CHOKE SIZE: **7/8"** PROD'N. FOR TEST PERIOD: **ACCEPTED FOR TESTING** OIL—BBL.: _____ GAS—MCF.: _____ WATER—BBL.: **40** GAS-OIL RATIO: _____

FLOW. TUBING PRESS.: _____ CASING PRESSURE: _____ CALCULATED 24-HOUR RATE: _____ OIL—BBL.: _____ GAS—MCF.: **4000** WATER—BBL.: _____ OIL GRAVITY-API (CORR.): _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): **TSTM** TEST WITNESSED BY: _____

35. LIST OF ATTACHMENTS: **Deviation Survey & Logs**

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

SIGNED: **Ray Westall** TITLE: **Operator** DATE: **2-22-85**

*(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.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
YATES	2195	2322	Oil, Sand	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
					T/Salt B/Salt Yates	395 2040 2176

