

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 _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Socony Mobil Oil Company, Inc.

3. ADDRESS OF OPERATOR

10737 South Sycamore Ave., Santa Fe Springs, California

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

At surface **890' South of North Line and 890' East of West Line**

At top prod. interval reported below **Same**

At total depth **Same**

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **6/16/64** 16. DATE T.D. REACHED **7/1/64** 17. DATE COMPL. (Ready to prod.) **8/30/64** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **6681 MB** 19. ELEV. CASINGHEAD **5670'**

20. TOTAL DEPTH, MD & TVD **6845 - Same** 21. PLUG, BACK T.D., MD & TVD **6844 - Same** 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY **0/6681** ROTARY TOOLS _____ CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* **6718/6735 - Basin Dakota** 25. WAS DIRECTIONAL SURVEY MADE **Deviation Survey Only**

26. TYPE ELECTRIC AND OTHER LOGS RUN **Caliper Formation Den. - Gamma Ray Ind. - Cement Bond** 27. WAS WELL CORED **No**

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
11-3/4"	47 #	314	12-1/4"	215	11'
8-5/8"	24# & 32#	4865	10-3/4"	237	11'
5-1/2"	15.5#	6844	7-7/8"	260	11'

LINER RECORD				TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)
					2-3/8"	6717

PERFORATION RECORD (Interval, size and number)		ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
1 1/2" Holes with Number of Holes in 6718(2), 6720(4), 6721(4), 6723(4), 6726(2), 6734(2), 6735(2). Total Holes - 20.		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		6718/6735	500 Gal. Water 15% Acid Frac. 37700 Gal. Water 30,000# 20/40 Sand

PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Flowing				Waiting on Connection	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8/30/64	3	0.750	→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	API GRAVITY-API (CORR.)	
76	409	→		1121		ALL	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Will be sold to: El Paso Natural Gas Co.** TEST WITNESSED BY **NOV 5 1964**

35. LIST OF ATTACHMENTS **Back Pressure Test** OIL CON. COM. DIST. 3

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED **Joseph M. Bumbach** TITLE **District Engineer** DATE **9/4/64**

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:			38. GEOLOGIC MARKERS	
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	NAME	MEAS. DEPTH
				TRUE VERT. DEPTH
Gallego Graneros Dakota	5525 6546 6690			