

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(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 ☐	Other ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐		
2. NAME OF OPERATOR		Sunray Oil Company					
3. ADDRESS OF OPERATOR		P. O. Box 1416, Roswell, New Mexico					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)		790' TSL & 1960' TSL at Sec. 27, T-28-N, R-17-W					
At surface		Same					
At top prod. interval reported below		Same					
At total depth		Same					
14. PERMIT NO.		DATE ISSUED		NOV 15 1965			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)			
9-27-65		11-2-65		11-8-65			
18. ELEVATIONS (OF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD		539 OR 530			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*			
8008		7370		0-10			
23. INTERVALS DRILLED BY		ROTARY TOOLS		CABLE TOOLS			
7295-7300		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE			
7295-7300		26. TYPE ELECTRIC AND OTHER LOGS RUN		27. WAS WELL CORED			
Gamma Ray Neutron, Induction Electric, Sonic Cal.		Yes		Yes			
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	265	17 1/2	250 sq. circ. to surf	-		
9 5/8	36-40	5201	12 1/4	600 sq pos "A" w/10% salt & 3/4 of 15 CFR	-		
5 1/2	17@15.5	7376	7 3/4	100 sq incore pos.	-		
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)			
7 5/8	4951	6913	200				
30. TUBING RECORD							
SIZE	DEPTH SET (MD)	PACKER SET (MD)					
2 3/8	7306	7214					
31. PERFORATION RECORD (Interval, size and number)							
7295-7300							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED						
	250 Gal. MCA						
33.* PRODUCTION							
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
11-8-65	Flow	Prod.					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-9-65	24	10/64		32	126 MCF	147	2423
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
1160	148						
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
Vented							
35. LIST OF ATTACHMENTS							
Electric Logs, Core & DST Information							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		B.F. Browley		TITLE			
District Engineer		DATE		11-11-65			

*(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	NAME	MEAS. DEPTH
CORE AND DST DATA ATTACHED			TRUE VERT. DEPTH
		Graneros	1456
		Dakota	1667
		Carmel	2670
		Ogallala	4863
		Harmon	6216
		Paradox	6825
		Ismay	6867
		Paradox Ls	6886
		Hogback	7158
		Tobacco Mesa	7273
		Rattlesnake	7343
		Mississippi	7700
		Devonian Quarry	7806
		Kilbert	7863