

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 <input type="checkbox"/>                                    | GAS WELL <input checked="" type="checkbox"/> | DRY <input type="checkbox"/>      | Other _____                        |                                                   |             |
| b. TYPE OF COMPLETION                                                                                                             |  | NEW WELL <input checked="" type="checkbox"/>                         | WORK OVER <input type="checkbox"/>           | DEEP-EN <input type="checkbox"/>  | PLUG BACK <input type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/>             | Other _____ |
| 2. NAME OF OPERATOR                                                                                                               |  |                                                                      |                                              |                                   |                                    | 7. LEASE DESIGNATION AND SERIAL NO.               |             |
| BTA Oil Producers                                                                                                                 |  |                                                                      |                                              |                                   |                                    | NM #0474                                          |             |
| 3. ADDRESS OF OPERATOR                                                                                                            |  |                                                                      |                                              |                                   |                                    | 8. INDIAN ALLOTTEE OR TRIBE NAME                  |             |
| 104 South Pecos, Midland, Texas                                                                                                   |  |                                                                      |                                              |                                   |                                    | ---                                               |             |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*                                      |  |                                                                      |                                              |                                   |                                    | 9. UNIT AGREEMENT NAME                            |             |
| At surface 990' FNL & 1650' FWL                                                                                                   |  |                                                                      |                                              |                                   |                                    | ---                                               |             |
| At top prod. interval reported below                                                                                              |  |                                                                      |                                              |                                   |                                    | 10. FARM OR LEASE NAME                            |             |
| At total depth                                                                                                                    |  |                                                                      |                                              |                                   |                                    | FELMONT "C" LTD.                                  |             |
| 14. PERMIT NO.                                                                                                                    |  |                                                                      |                                              |                                   |                                    | 9. WELL NO.                                       |             |
| N/A                                                                                                                               |  |                                                                      |                                              |                                   |                                    | 1                                                 |             |
| DATE ISSUED                                                                                                                       |  |                                                                      |                                              |                                   |                                    | 10. FIELD AND POOL, OR WILDCAT                    |             |
| N/A                                                                                                                               |  |                                                                      |                                              |                                   |                                    | Bluitt San Andres                                 |             |
| 15. DATE SPUNDED                                                                                                                  |  |                                                                      |                                              |                                   |                                    | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA |             |
| 7/8/64                                                                                                                            |  |                                                                      |                                              |                                   |                                    | Sec. 9, T-8-S, R-37-E                             |             |
| 16. DATE T.D. REACHED                                                                                                             |  |                                                                      |                                              |                                   |                                    | 12. COUNTY OR PARISH                              |             |
| 7/17/64                                                                                                                           |  |                                                                      |                                              |                                   |                                    | Roosevelt                                         |             |
| 17. DATE COMPL. (Ready to prod.)                                                                                                  |  |                                                                      |                                              |                                   |                                    | 13. STATE                                         |             |
| 8/10/64                                                                                                                           |  |                                                                      |                                              |                                   |                                    | New Mexico                                        |             |
| 18. ELEVATIONS (DF, RKB RT, GR, ETC.)*                                                                                            |  |                                                                      |                                              |                                   |                                    | 14. ELEV. CASINGHEAD                              |             |
| 4061' RKB                                                                                                                         |  |                                                                      |                                              |                                   |                                    | 4051' C.L.                                        |             |
| 20. TOTAL DEPTH, MD & TVD                                                                                                         |  | 21. PLUG BACK T.D., MD & TVD                                         |                                              | 22. IF MULTIPLE COMPL., HOW MANY* |                                    | 23. INTERVALS DRILLED BY                          |             |
| 4630'                                                                                                                             |  | 4581'                                                                |                                              | Single                            |                                    | ROTARY TOOLS                                      |             |
| 24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*                                                      |  |                                                                      |                                              |                                   |                                    | CABLE TOOLS                                       |             |
| San Andres 4410' - 4514'                                                                                                          |  |                                                                      |                                              |                                   |                                    | 0-4630                                            |             |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                              |  |                                                                      |                                              |                                   |                                    | 25. WAS DIRECTIONAL SURVEY MADE                   |             |
| Gamma Ray - Acoustic                                                                                                              |  |                                                                      |                                              |                                   |                                    | No                                                |             |
| 27. WAS WELL CORED                                                                                                                |  |                                                                      |                                              |                                   |                                    | No                                                |             |
| 28. CASING RECORD (Report all strings set in well)                                                                                |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| CASING SIZE                                                                                                                       |  | WEIGHT, LB./FT.                                                      |                                              | DEPTH SET (MD)                    |                                    | HOLES RECORD                                      |             |
| 8-5/8"                                                                                                                            |  | 20#                                                                  |                                              | 373'                              |                                    | 400 sx                                            |             |
| 4-1/2"                                                                                                                            |  | 9.5#                                                                 |                                              | 4630'                             |                                    | 150 sx                                            |             |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| 29. LINER RECORD                                                                                                                  |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| SIZE                                                                                                                              |  | TOP (MD)                                                             |                                              | BOTTOM (MD)                       |                                    | SAKS CEMENT*                                      |             |
| None                                                                                                                              |  |                                                                      |                                              |                                   |                                    | SCREEN (MD)                                       |             |
| 30. TUBING RECORD                                                                                                                 |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| SIZE                                                                                                                              |  | DEPTH SET (MD)                                                       |                                              | PACKER SET (MD)                   |                                    |                                                   |             |
| 2-3/8"                                                                                                                            |  | 4451'                                                                |                                              | 4353'                             |                                    |                                                   |             |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| Perf 4410' - 4514'                                                                                                                |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                    |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| DEPTH INTERVAL (MD)                                                                                                               |  |                                                                      |                                              | AMOUNT AND KIND OF MATERIAL USED  |                                    |                                                   |             |
| 4410' - 4514'                                                                                                                     |  |                                                                      |                                              | A/40,000 gal. + 60,000# Sand      |                                    |                                                   |             |
| 33.* PRODUCTION                                                                                                                   |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| DATE FIRST PRODUCTION                                                                                                             |  | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                                              |                                   |                                    | WELL STATUS (Producing or shut-in)                |             |
| 7/22/64                                                                                                                           |  | Flowing                                                              |                                              |                                   |                                    | SI                                                |             |
| DATE OF TEST                                                                                                                      |  | HOURS TESTED                                                         |                                              | CHOKE SIZE                        |                                    | PROD'N. FOR TEST PERIOD                           |             |
| 8/10/64                                                                                                                           |  | 16                                                                   |                                              | Various                           |                                    | OIL—BBL.                                          |             |
| FLOW. TUBING PRESS.                                                                                                               |  | CASING PRESSURE                                                      |                                              | CALCULATED 24-HOUR RATE           |                                    | GAS—MCF.                                          |             |
| Various                                                                                                                           |  | Pkr.                                                                 |                                              | ---                               |                                    | 3100 MCF                                          |             |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                    | WATER—BBL.                                        |             |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                    | 31                                                |             |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                    | GAS-OIL RATIO                                     |             |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                    | Infinite                                          |             |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                    | OIL GRAVITY-API (CORR.)                           |             |
|                                                                                                                                   |  |                                                                      |                                              |                                   |                                    | None                                              |             |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)                                                                        |  |                                                                      |                                              |                                   |                                    | TEST WITNESSED BY                                 |             |
| Shut in pending connection to Sinclair                                                                                            |  |                                                                      |                                              |                                   |                                    | Lord - Sinclair                                   |             |
| 35. LIST OF ATTACHMENTS                                                                                                           |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| None                                                                                                                              |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records |  |                                                                      |                                              |                                   |                                    |                                                   |             |
| SIGNED                                                                                                                            |  | TITLE                                                                |                                              |                                   |                                    | DATE                                              |             |
| [Signature]                                                                                                                       |  | Production Superintendent                                            |                                              |                                   |                                    | August 13, 1964                                   |             |

\*(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:<br>SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL STEM TESTS, INCLUDING<br>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 |
| San Andres                                                                                                                                                                                                                                            | 4410' | 4514'  | Lime - contains gas & water | Redbeds<br>Anhydrite<br>San Andres | 205'<br>2140'<br>4211' |                 |