

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved,
Docket Branch No. 42-R355.6

1. LEASE DESIGNATION AND SERIAL NO.

NM 0558016

2. IF INDIAN, ALLEGEE OR TRIBE NAME

3. UNIT AGREEMENT NAME

4. PART OR LEASE NAME

Cedar Point

5. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SECTION, T. R., M., OR BLOCK AND SURVEY OR AREA

Sec. 21-T15S-R30E

12. COUNTY OR PARISH

Chaves

13. STATE

N. M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

15. TYPE OF WELL: OIL WELL GAS WELL DRY Other T/A

8. TYPE OF COMPLETION: OPEN WORK OVER REPERF REPERF BACK REPERF RESEAL Other _____

7. NAME OF OPERATOR
McClellan Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Box 848, Roswell, New Mexico 88201

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

At top prod. interval reported below

At total depth 990' FWL & 660' FNL

14. PERMIT NO. DATE ISSUED

15. DATE DRILLED 9/14/75 16. DATE TD REACHED 11/5/75 17. DATE COMPL. (Ready to prod.) T/A 11/6/75 18. ELEVATIONS (DT, FNL, FT, GR, ETC.)* 4047' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 3812' 21. PLUG BACK TD, MD & TVD None 22. IS MULTIPLE COMPL. HOW MANY* 23. INTERVALS DRILLED BY 24. ROTARY TOOLS 25. CABLE TOOLS 0 - TD

24. PRODUCTION INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* T/A 26. WAS DIRECTIONAL SURVEY MADE No

25. TYPE OF LOGS AND OTHER LOGS RUN None 27. WAS WELL CURED 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"	20#	707	10 1/2"	100 SX	None

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number) T/A 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

DATE FIRST PRODUCTION T/A PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STAIN'S (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

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

34. DESCRIPTION OF GAS (Solid, used for fuel, vented, etc.) TEST PERIOD TESTED BY NOV 7 1975

35. LIST OF ATTACHMENTS U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED Lair Taylor TITLE Office Manager DATE 11/6/75

*(See Instructions and Spaces for Additional Data on Reverse Side)

RECEIVED

NOV 7 1975

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and for 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 located by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 22, 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' logs, geologic logs, etc.) and core (including all logs, etc.), logs, logs 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 25.

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 16: 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) and bottom(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, subsequently identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Stacks Concept": 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		
FORMATION	TOP	DESCRIPTION, COMMENTS, ETC.	NAME	
FORMATION	BOTTOM	DESCRIPTION, COMMENTS, ETC.	MEAS. DEPTH	
FORMATION	TOP	DESCRIPTION, COMMENTS, ETC.	TRUE VERT. DEPTH	
Slaughter Zone of SA	3805	Water bearing. No show oil or gas.	Top Salt Base Salt Slaughter/SA	706' 1395' 3806'

RECEIVED
MAY 10 1975
U.S. GEOLOGICAL SURVEY
ARRESTED OFFICE