

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 *

5. LEASE DESIGNATION AND SERIAL NO.
NM 069530

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Shearn Federal Com.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
E. Lunk - Bone Springs & Wolfcamp

11. SECTION, T., R., M., OR BLOCK AND SURVEY OR AREA
Sec 15, T-19-S, R-32-E

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 **Commingling DH**

Adm. Order No. **DHC-199**

2. NAME OF OPERATOR
Sun Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 1861, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **660' FWL & 1980' FSL, Sec. 15, -Ut. -L-**

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED **6-4-76**

12. COUNTY OR PARISH _____ 13. STATE **New Mexico**

15. DATE SPUDDED **10-9-73** 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) **6-24-76 - Bone Springs** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **RKB 3638 GR 3621.3** 19. ELEV. CASINGHEAD **3621**

20. TOTAL DEPTH, MD & TVD **14,330** 21. PLUG, BACK T.D., MD & TVD **13,030 CIBP 10,850** 22. IF MULTIPLE COMPL., HOW MANY* **2** 23. INTERVALS DRILLED BY ROTARY TOOLS **0-14,330** CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Top 7,285 Bottom 10,460 Name - Bone Springs
Top 10,460 Bottom 11,503 Name - Wolfcamp

25. WAS DIRECTIONAL SURVEY MADE _____

26. TYPE ELECTRIC AND OTHER LOGS RUN
GR Col BHC Sonic

27. WAS WELL CORED _____

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)
9832, 34, 36, 38, 40, 42, 44, 46, 50, 60, 62, 64, 66, & 68 15 Holes - .49"

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
9832-68	Acidd w/2000 gal 15% Clean up acid and 10,000 gal CRA

33. PRODUCTION

DATE FIRST PRODUCTION **8-13-76** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Pump w/1-1/4" insert** WELL STATUS (Producing or shut-in) **Producing**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-17-76	24			2.6	1.1	10	423

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

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

35. LIST OF ATTACHMENTS

Form 9-331 submitted 10-27-76, accepted by Geological Survey 10-29-76

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

SIGNED **Robert Hill** TITLE **Production Analyst** DATE **11-1-76**

*(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 38, 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 19: 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.
<p>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</p>			
<p>38. GEOLOGIC MARKERS</p>			
NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Tansill	2602		
Delaware	4432		
Bone Springs	7283		
Wolfcamp	10460		
Strawn	11503		
Atoka	11750		
Morrow	12182		

RECEIVED

NOV 9 1976
OIL & GAS DIVISION COMM.
MIDDS. N. M.