

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. RESERVE ☐	Other _____
2. NAME OF OPERATOR CLAYTON W. WILLIAMS, JR.						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 200 Gulf Bldg., Midland, Texas 79701						8. FARM OR LEASE NAME Salado Dome	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 975' FNL & 990' FEL At top prod. interval reported below At total depth Same						9. WELL NO. 1Y	
14. PERMIT NO.						12. COUNTY OR PARISH Guadalupe	
DATE ISSUED 11-29-76 3-2-77						13. STATE N. Mexico	
15. DATE SPUDDED 3-4-77		16. DATE T.D. REACHED 4-8-77		17. DATE COMPL. (Ready to prod.) PGA 4-14-77		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5317' GR	
20. TOTAL DEPTH, MD & TVD 4766'		21. PLUG, BACK T.D., MD & TVD -----		22. IF MULTIPLE COMPL., HOW MANY* -----		19. ELEV. CASINGHEAD 5315'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* -----						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13 3/8"		48.0		679		17"	
10 3/4"		40.5		882		12 1/2"	
8 5/8"		32		2378		9 7/8"	
CEMENTING RECORD		AMOUNT PULLED					
570 SXS		None					
None		655'					
125 SXS		1930'					
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>Paul Monte</u>		TITLE <u>Operations Engineer</u>				DATE <u>4/18/77</u>	

*(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 83, 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			This test was drilled with Cable Tool & Air Drilled Rotary - Thus a continuous Hydrocarbon Evaluation. No significant shows were encountered and the hole was Abandoned at Total Depth due to Lost Drill Collars. No Electric Logs were run. A Mud Logger Sample Log is enclosed.	San Andres	240	240
				Glorieta	560	560
				Yeso	1200	1200
				ABO	2350	2350
				Granite Wash (Pennsylvanian)	3330	3330
				Granite Wash at Total Depth	4766	4766