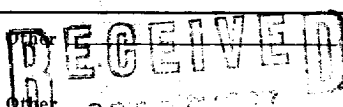


NMOCC - ARTESIA
NMOCC - EBBS
BLM - SANTA FE

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(See other instructions on reverse side)
copy

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *



1a. TYPE OF WELL: OIL WELL GAS WELL DRY

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other

2. NAME OF OPERATOR: **Mr. Sam G. Dunn**

3. ADDRESS OF OPERATOR: **P. O. Box 192, Artesia, New Mexico**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface **1650 feet from the South line & 330 feet from the East line.**
At top prod. interval reported below **Same**
At total depth **Same**

5. LEASE DESIGNATION AND SERIAL NO. **LC-057811-1**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME **Dale Federal**

9. WELL NO. **1**

10. FIELD AND POOL, OR WILDCAT **Hessie Springs S.A. Linda San Andres**

11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA **Sec. 27, Twp 7S., Rge. 26E.**

12. COUNTY OR PARISH **Chaves**

13. STATE **New Mexico**

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **0-12-64** 16. DATE T.D. REACHED **0-19-64** 17. DATE COMPL. (Ready to prod.) **9-26-64** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **3473 GR** 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD **1310** 21. PLUG. BACK T.D., MD & TVD **1309** 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ CABLE TOOLS **525-1310** _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* **1272-1276-1278-1282 Slaughter San Andres** 25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN **Gamma Ray Neutron** 27. WAS WELL CORED **Yes**

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	32	105	11	50 sacks	None
7	24	525	7 5/8	125 sacks	None
5 1/2	14	1309	6 3/4	120 sacks	None

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	1282	None

31. PERFORATION RECORD (Interval, size and number)

1272-1276
1278-1282 Tornado Jets 2 shots per foot.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1272-1282	15,000 Gal. 15% Acid 3,000 Sand

33.* PRODUCTION

DATE FIRST PRODUCTION **10-3-65** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Pump** WELL STATUS (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
10-3-65	24	2"	→	5	TSTM	20	

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
		→	5	TSTM	20	20

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented** TEST WITNESSED BY **L.R. McFaden**

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 _____ TITLE **Agent** DATE **10 21 67**

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

ACCEPTED FOR RECORD
J. W. Smith
District Engineer

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	BOTTOM	DESCRIPTION, CONTENTS, ETC.
	TOP	MEAS. DEPTH	TRUM VERT. DEPTH
	NAME		