

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. RESVR. ☐	Other ☐				
2. NAME OF OPERATOR		Sun Oil Company - DX Division									
3. ADDRESS OF OPERATOR		P. O. Box 1416, Roswell, New Mexico 88201									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 1980' FN&EL, Unit 6									
At top prod. interval reported below											
At total depth											
14. PERMIT NO.		DATE ISSUED									
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD			
9/14/68		9/18/68		1/17/70		3603 KB		3592			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		24. ROTARY TOOLS			
2700		2660				0-2700		CABLE TOOLS			
25. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		Matex 2394 to 2404					26. WAS DIRECTIONAL SURVEY MADE				
							No				
27. TYPE ELECTRIC AND OTHER LOGS RUN		Gamma Ray Density					28. WAS WELL CORED				
							No				
29. CASING RECORD (Report all strings set in well)		Casing Size					Weight, LB./FT.				
		8 5/8					J-55 24#				
		4 1/2					J-55 9.5#				
30. LINER RECORD		Size					Top (MD)				
31. TUBING RECORD		Size					Depth Set (MD)				
		2 3/8					2495				
32. PERFORATION RECORD (Interval, size and number)		1 one half in hole at 2394, 2396, 2398, 2400, 2402, 2404					33. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
							Depth Interval (MD)				
							Amount and Kind of Material Used				
							2394-2404 500 gallons DS-30 acid				
							2394-2404 Fraced 20,000 gallons refined oil and 30,000 pounds of sand.				
34. PRODUCTION		Date First Production					Production Method (Flowing, gas lift, pumping—size and type of pump)				
		1/15/70					Pumping				
							Well Status (Producing or shut-in)				
							producing				
35. DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.			
1/17/70		24		-		→		8			
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.			
-		-		→		8		9			
36. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		Sold					TEST WITNESSED BY				
							L. G. Stump				
37. LIST OF ATTACHMENTS		Gamma Ray Neutron Log					ATTACHED TO Form 9-330 submitted 3/17/69.				
38. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED J.B. Hille					TITLE Acting District Engineer				
		DATE 1/19/70									

*(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: 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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Red Bed Lime	0 530	530' 2700'		Queen Pensacola Grayburg Metax Premier San Andres Lovington	1793 1967 2056 2394 2493 2509 2604	