

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.

5. LEASE DESIGNATION AND SERIAL NO.

Las Cruces 029395 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner #3 / 107/Abolito

9. WELL NO.

74

10. FIELD AND POOL, OR WILDCAT

Cedar Lake Abo

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

29-7173-R31E (Abolito)

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

RECEIVED

APR 16 1965

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 APR 16 1965

2. NAME OF OPERATOR
Sinclair Oil & Gas Company O. C. C.

3. ADDRESS OF OPERATOR
P. O. Box 1920, Hobbs, New Mexico ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **330' from the North line and 990' from East line**

At top prod. interval reported below

At total depth **as above**

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **10-27-60** 16. DATE T.D. REACHED **11-21-60** 17. DATE COMPL. (Ready to prod.) **3-18-65** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **3735' GR**

20. TOTAL DEPTH, MD & TVD **7450'** 21. PLUG, BACK T.D., MD & TVD **7126'** 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY **0-7250'**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
7076-7117' Abo

26. TYPE ELECTRIC AND OTHER LOGS RUN
None

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"	26#	1600'	11"	776 Sacks	None
4-1/2"	9.5#		7-7/8"		
4-1/2"	11.6#	7250'	7-7/8"	1300 Sacks	None

29. LINER RECORD

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

31. PERFORATION RECORD (Interval, size and number)

7076-84', 7098-7102', 7104-7108', 7113-7117' w/ 40 - 3/8" holes

32. ACID, SHOT, FRACTURE, CEMENT AND OTHER MATERIAL USED

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7076-7117'	1000 Gals. Acid w/Max 2
7076-7117'	Squeeze w/25 sks. cement

33.* PRODUCTION

DATE FIRST PRODUCTION **3-18-65** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Pumping** WELL STATUS (Producing or shut-in) **Shut-in (Hold F/Future Dev.)**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3-18-65	24	Pumping	→	1/2	-	159	-

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.) _____ TEST WITNESSED BY **M. L. Moore, Jr.**

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 Frederick J. ... TITLE **Superintendent** DATE **4-13-65**

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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
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			
NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH