

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐ WATER WELL ☒ Other ☐	
b. TYPE OF COMPLETION:		NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐	
2. NAME OF OPERATOR Sinclair Oil & Gas Company			
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' from the East line and 1650' from the South line At top prod. interval reported below At total depth as above			
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 9-3-65		16. DATE T.D. REACHED 9-12-65	
17. DATE COMPL. (Ready to prod.) 10-8-65		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3955' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 5040'	
21. PLUG, BACK T.D., MD & TVD 5024'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 0-5040'		ROTARY TOOLS 0-5040'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4911-4950' San Andres		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Acoustic Gamma Lateral		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7-5/8"	24#	414'	8-3/4"
2-7/8"	6.5#	5038'	6-3/4"
Tbg P/Csg.			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-7/8"OD	5038'	-	
31. PERFORATION RECORD (Interval, size and number)			
4911, 4916, 4923, 4928, 4933, 4944, 4947 & 4950'. 16 holes, 2-3/8" ea. int.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED		
4911-4952	500 gals. HA		
4911-4952	8000 gals. retarded acid		
4911-4952	Squeezed w/100 aks. Cl. "C" Encore		
4911-4950	500 gals. D-30 acid		
33. PRODUCTION			
DATE FIRST PRODUCTION 10-8-65	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Shut-in
DATE OF TEST 10-8-65	HOURS TESTED 1	CHOKE SIZE 1/4"	PROD'N. FOR TEST PERIOD 0
FLOW. TUBING PRESS. 207#	CASING PRESSURE -	CALCULATED 24-HOUR RATE 0	OIL—BBL. 0
GAS—MCF. 263		WATER—BBL. 0	GAS-OIL RATIO -
OIL GRAVITY-API (CORR.) -			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY C. E. Butler			
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 [Signature]		TITLE Superintendent	
DATE 10-11-65			

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

Orig: sec: USGS Hobbs, cc: REC, Jr. cc: file

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	TOP	TRUE VERT. DEPTH
				Yates	2897'		
				Queens	3622'		
				San Andres	4178'		