

N. M. G. C. COPY

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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPL E*

(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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 2824	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR McCLELLAN OIL CORPORATION		7. UNIT AGREEMENT NAME NORTH KING CAMP UNIT	
3. ADDRESS OF OPERATOR P. O. Box 848, Roswell, New Mexico 88201		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface At top prod. interval reported below At total depth 1980' FWL & 660' FNL		9. WELL NO. 9	
14. PERMIT NO. O.D.G. ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT WILDCAT	
15. DATE SPUDDED 8/29/73		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 27-T13S-R29E	
16. DATE T.D. REACHED 9/12/73		12. COUNTY OR PARISH CHAVES	
17. DATE COMPL. (Ready to prod.)		13. STATE NEW MEXICO	
18. ELEVATIONS (DF, RES, RT, GR, ETC.) * 3791.7' GR		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 1748'		21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY *		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) * NONE		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN NONE (Two copies of sample description attached)		27. WAS WELL COBED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE 8-5/8"	WEIGHT, LB./FT. 20	DEPTH SET (MD) 417'	HOLE SIZE 10 1/4"
CEMENTING RECORD 100 SX (CIRC)		AMOUNT PULLED NONE	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT *
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) NONE			
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 2 COPIES OF SAMPLE DESCRIPTION			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>James L. McClellan</i>		TITLE OPERATOR	
DATE 10/09/73			

* (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 FORMER ZONES:

SHOW ALL INTERVAL ZONES OF PRODUCTIVITY 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.
QUEEN	1714	1725	WATER (1 1/2 BAILERS/HR.)

38.

GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TRUE VERT. DEPTH
RUSTLER	320	
T. SALT	355	
B. SALT	860	
YATES	950	
QUEEN	1715	