

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.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0477614

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Midwest Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Long Ranch & Wildcat
Wildcat R-5204 4-20-7611. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA**Sec. 23, T-10-S, R-29-E**12. COUNTY OR
PARISH**Chaves**

13. STATE

N.M.

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 _____**RECEIVED**

2. NAME OF OPERATOR

DEPCO, Inc.

3. ADDRESS OF OPERATOR

800 Central, Odessa, Texas 79761**O. C. C.**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

Unit letter O, 660' FSL & 1980 FEL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

OCT 2 1974

15. DATE SPUDDED

12-23-73**7-14-74****9-5-74**

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

3964.45 Gr.

19. ELEV. CASINGHEAD

3964

20. TOTAL DEPTH, MD & TVD

9461

21. PLUG, BACK T.D., MD & TVD

932522. IF MULTIPLE COMPL.,
HOW MANY***3964.45 Gr.**23. INTERVALS
DRILLED BY**1405-9461**

ROTARY TOOLS

0 - 1405

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

9277 - 9305 Atoka

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL

27. WAS WELL CORED

No**No**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
12 3/4	31#	350'	16"	425 sx.	-0-
8 5/8	24# & 32#	2861	11"	300 sx.	-0-
4 1/2	10.5# 11.6#	9461	7 7/8"	600 sx.	-0-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	9157	9157

31. PERFORATION RECORD (Interval, size and number)

**one 1/4" hole at 9277-78-79-80-81-
82-91-92-93-9303-05**

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
9277 - 9305	3000 gal. 7 1/2% MS acid
9277 - 9305	Frac w/7644 gal gelled acid 7000# sand 1400# glass beads

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
8-5-74		Flowing				Shut-in	
DATE OF TEST	HOURS TESTED	CHOKED SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3-6-74	4	12/64	→	3	171	2	57,000
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
1448	Packer	→	18	1026	54.6		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

35. LIST OF ATTACHMENTS

No gas connection at present

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

D. R. Mason

TITLE

Chief Clerk

DATE

*(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
Atoka	9272	9311	DST #1 30 min preflow. GTS 13 min. at rate of 800 MCF. SI 90 min. open 120 min. Flowed at rate 1.3 MMCFPD FSI 240 min. IHP 4868# FHP 4847#. IFP 237#, FFP 323#. ISIP 3082# FSIP 3082#. Rec. 360' HQCDM, 100' Free gas.	Yates Queen San Andres Glorieta Tubb Abo Wolfcamp Cisco Canyon Strawn Atoka Miss. Lime TD	1290 2000 2548 3905 5387 6270 7055 7865 8200 8710 9125 9396 9461	