

M.O.C.D. COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPL. TE*

(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 ☐ GAS WELL ☒ DRY ☐ Other ☐
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

McClellan Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Drawer 730, Roswell, New Mexico 88201

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

At surface

At top prod. interval reported below 1980' FSL & 1980 FEL

At total depth

14. PERMIT NO.

DATE ISSUED
ARTESIA, OFFICE

AUG 28 1980

15. DATE SPUDDED

4/24/80

16. DATE T.D. REACHED

5/19/80

17. DATE COMPL. (Ready to prod.)

5/30/80

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

3722 G. L.

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

4700

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

4685

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

O-T.D.

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

4334-4514 Abo

25. WAS DIRECTIONAL
SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Compensated Neutron Formation Density; Dual Laterolog Micro-SFI

No

27. WAS WELL CORED

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT FULLED
8-5/8"	20 lb.	859	10-3/4"	350 sx (Circ)	
4-1/2"	10-1/2 lb.	4700	7-7/8"	360 sx	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	4306	4306

31. PERFORATION RECORD (Interval, size and number)

4334,36,41,42,44,46,48,53,54,56
4462,64,94,96,4400,4475,77 &
4512 & 14.-1shot/ft. 20 shots.31"

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4334-4514	2500 gals 15% HCL acid

33.*

PRODUCTION

DATE FIRST PRODUCTION

6/04/80

PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)

Flowing

WELL STATUS (Producing or shut-in)

Shut-in

DATE OF TEST

6/04/80

HOURS TESTED

4

CHOKE SIZE

Various

PROD'N. FOR
TEST PERIOD

0

OIL--BBL.

0

GAS--MCF.

1476

WATER--BBL.

0

GAS-OIL RATIO

NA

FLOW. TUBING PRESS.

343

CASING PRESSURE

530

CALCULATED
24-HOUR RATE

0

OIL--BBL.

0

GAS--MCF.

2075 AOF

WATER--BBL.

0

OIL GRAVITY-API (CORR.)

NA

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

TEST WITNESSED BY

Contracted to Transwestern Pipeline Co.-Waiting on connection

West Engineering Co. in

35. LIST OF ATTACHMENTS

4 copies of 4 point test - 2 copies of Electric logs, 4 copies deviation statement.

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

SIGNED

J. M. C. Chale

TITLE

Operator

DATE 6/12/80

*(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 33.

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 13: 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: "Stacks 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, YINE 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
Abo	4334	4514	Gas	San Andres Glorieta Tubb Abo	1404 2563 3982 4700