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Form 9-330
(Rev. 5-63)

SEP 11 1980

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.c/s
File

O. C. D.

ARTERIAL OFFICE

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED
SEP 5 1980

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

Fred Pool Drilling Co.

3. ADDRESS OF OPERATOR

Box 1300 Clovis Star Rt. Roswell, N.M. 88201

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

At surface 1980 FSL, 1980 FEL, of Sec. 13-6S-24E

At top prod. interval reported below 4355 ft.

At total depth 5035 ft.

14. PERMIT NO.

194

DATE ISSUED

4-2-80

15. DATE SPUDDED

5/28/80

16. DATE T.D. REACHED

7/20/80

17. DATE COMPL. (Ready to prod.)

8/25/80

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

3898. GR

19. ELEV. CASINGHEAD

3898

20. TOTAL DEPTH, MD & TVD

5035 ft.

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

4984 ft.

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

ROTARY TOOLS

XX

CABLE TOOLS

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

4848-4854

Penn

25. WAS DIRECTIONAL
SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Compensated Neutron-Formation Density
Dual Laterolog Micro-SFL, Perforating Depth Control

27. WAS WELL CORED

no

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48#	305 ft.	17"	150 sx Class C	Circulated
8 5/8"	24#	1449 ft.	11"	450 Halliburton Lite	"
4 1/2	10.5#	5035 ft.	7 7/8	100 Class C	"
				425 Class C, 425 POZ	"

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	4804	4804

31. PERFORATION RECORD (Interval, size and number)

4848-4854 13 Holes 2 per ft.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4848-4854 v	16000 Gal. (600 gal 15% HCL, 1000 mud Acid)

33.*

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)

Flowing

Shut-In

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8/19/80	72				1500		
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
	Packer		0	500	0		

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

TEST WITNESSED BY

Fred Pool, III

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

Lita Lee Jones

TITLE

Secretary

DATE

8 9/3/80

*(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 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 any attachments.

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:				38. GEOLOGIC MARKERS	
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					
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	DEPTH	TOP
San Andres	275	1289		4970	Precambria
Glorietta	1290	2824		4355	Penn
Tubb	2825	3387		4127	Wolfcamp
Abo	3388	4126		4355	Penn
Wolfcamp	4127	4352		4969	Precambria
Penn	4355	4969			
Precambria	4970	-			