

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved. Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1. TYPE OF WELL: OIL WELL [ ] GAS WELL [ ] DRY [X] Other [ ]
b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. DESVR. [ ] Other [ ]

JUN 15 1976

2. NAME OF OPERATOR: Tri-Service Drilling Company
3. ADDRESS OF OPERATOR: P. O. Drawer 70 - Midland, Texas

O. C. C. ARTESIA, OFFICE

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

5. LEASE DESIGNATION AND SERIAL NO.: NM-8343
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME: Little Dog Federal
9. WELL NO.: 1
10. FIELD AND POOL, OR WILDCAT: Wildcat
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 6, T-22-S, R-19-E
12. COUNTY OR PARISH: Otero
13. STATE: N.M.

14. PERMIT NO. DATE ISSUED
15. DATE SPUNDED: 5-1-72
16. DATE T.D. REACHED: 5-21-72
17. DATE COMPL. (Ready to prod.)
18. ELEVATIONS (DF, REB, RT, GR, ETC.): 6366' GR
19. ELEV. CASINGHEAD: 6365'

20. TOTAL DEPTH, MD & TVD
21. PLUG, BACK T.D., MD & TVD
22. IF MULTIPLE COMPL., HOW MANY?
23. INTERVALS DRILLED BY: ROTARY TOOLS 0-T.D., CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*
25. WAS DIRECTIONAL SURVEY MADE: yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: Gamma Ray Sidewall Neutron & Dual Induction
27. WAS WELL CORED: No

23. CASING RECORD (Report all strings set in well)
Table with columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED

29. LINER RECORD
Table with columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT\*, SCREEN (MD)
30. TUBING RECORD
Table with columns: SIZE, DEPTH SET (MD), PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
Table with columns: 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, OIL—BBL., GAS—MCF., WATER—BBL., GAS-OIL RATIO
FLOW. TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL—BBL., GAS—MCF., WATER—BBL., OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
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: Prod. Supt. DATE: 6-7-76

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

RECEIVED

JUN 9 1976

U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

# 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 23, and 33, below regarding separate reports for 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: "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.)

110  
 100  
 90  
 80  
 70  
 60  
 50  
 40  
 30  
 20  
 10  
 0

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	GEOLOGIC MARKERS
San Andres	0	130	Barren	San Andres	0-975
Yeso	1320	1450	Barren	Glorietta	975-1130
Fusselman	3155	3550	Fresh water (est. 75 BWPH)	Yeso	1130-2060
Montoya	3940	3970	Fresh water (est. 25 BWPH)	Tubb	2060-2550
Ellenburger	4080	4130TD	Fresh water (est 15 BWPH)	Abo	2550-2940
				Detrital	2940-3155
				Fusselman	3155-3635
				Montoya	3635-4045
				Ellenburger	4045-4130