

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.

## 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 _____                           |                                                   |                       |
| 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 <u>RE-ENTRY</u> |
| 2. NAME OF OPERATOR<br>JACK L. MCCLELLAN                                                                                                                                           |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 3. ADDRESS OF OPERATOR<br>Box 848, ROSWELL, NEW MEXICO 88201                                                                                                                       |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface 1980' FS & EL<br>At top prod. interval reported below<br>At total depth |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 14. PERMIT NO.                                                                                                                                                                     |                                              |                                                                      |                                                        | DATE ISSUED                                    |                                       |                                                   |                       |
| 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 0556543                                                                                                                                  |                                              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                 |                                                        |                                                |                                       |                                                   |                       |
| 7. UNIT AGREEMENT NAME                                                                                                                                                             |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 8. FARM OR LEASE NAME<br>CARTHEL FEDERAL                                                                                                                                           |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 9. WELL NO.<br>1                                                                                                                                                                   |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 10. FIELD AND POOL, OR WILDCAT<br>WILDCAT                                                                                                                                          |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br>23<br>SEC. 24-T15S-R29E                                                                                                       |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 12. COUNTY OR PARISH<br>CHAVES                                                                                                                                                     |                                              |                                                                      |                                                        | 13. STATE<br>NEW MEXICO                        |                                       |                                                   |                       |
| 15. DATE SPUNDED<br>11/3/68                                                                                                                                                        | 16. DATE T.D. REACHED<br>11/17/68            | 17. DATE COMPL. (Ready to prod.)<br>11/18/69                         | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*<br>3949' D. F. |                                                | 19. ELEV. CASINGHEAD                  |                                                   |                       |
| 20. TOTAL DEPTH, MD & TVD<br>1975'                                                                                                                                                 | 21. PLUG, BACK T.D., MD & TVD<br>BP AT 1972' | 22. IF MULTIPLE COMPL., HOW MANY*                                    | 23. INTERVALS DRILLED BY<br>→                          | ROTARY TOOLS                                   | CLEANED OUT WITH CABLE T.             |                                                   |                       |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br>NONE                                                                                              |                                              |                                                                      |                                                        |                                                | 25. WAS DIRECTIONAL SURVEY MADE<br>NO |                                                   |                       |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN<br>NONE                                                                                                                                       |                                              |                                                                      |                                                        |                                                | 27. WAS WELL CORED<br>NO              |                                                   |                       |
| 28. 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"                                                                                                                                                                            |                                              | 472                                                                  |                                                        | 400 SACKS                                      |                                       | NONE                                              |                       |
| 9-5/8"                                                                                                                                                                             |                                              | 2888                                                                 |                                                        | 800 SACKS                                      |                                       | NONE                                              |                       |
| ABOVE CASING SET IN ORIGINAL TEST                                                                                                                                                  |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 29. LINER RECORD                                                                                                                                                                   |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| SIZE                                                                                                                                                                               | TOP (MD)                                     | BOTTOM (MD)                                                          | SACKS CEMENT*                                          | SCREEN (MD)                                    | 30. TUBING RECORD                     |                                                   |                       |
|                                                                                                                                                                                    |                                              |                                                                      |                                                        |                                                | SIZE                                  | DEPTH SET (MD)                                    | PACKER SET (MD)       |
|                                                                                                                                                                                    |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                                                                 |                                              |                                                                      |                                                        | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                                       |                                                   |                       |
|                                                                                                                                                                                    |                                              |                                                                      |                                                        | DEPTH INTERVAL (MD)                            |                                       | AMOUNT AND KIND OF MATERIAL USED                  |                       |
|                                                                                                                                                                                    |                                              |                                                                      |                                                        | 1919-36'                                       |                                       | 21,000 GALS. TREATED WATER AND 30,000 LBS. SAND   |                       |
|                                                                                                                                                                                    |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
|                                                                                                                                                                                    |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| 33. PRODUCTION                                                                                                                                                                     |                                              |                                                                      |                                                        |                                                |                                       |                                                   |                       |
| DATE FIRST PRODUCTION<br>TEMP. ABND.                                                                                                                                               |                                              | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                                                        |                                                |                                       | WELL STATUS (Producing or shut-in)<br>TEMP. ABND. |                       |
| DATE OF TEST                                                                                                                                                                       | HOURS TESTED                                 | CHOKE SIZE                                                           | PROD'N. FOR TEST PERIOD<br>→                           | OIL—BBL.                                       | GAS—MCF.                              | WATER—BBL.                                        | GAS-OIL RATIO         |
| FLOW, TUBING PRESS.                                                                                                                                                                | CASING PRESSURE                              | CALCULATED 24-HOUR RATE<br>→                                         | 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 <u>Lois Taylor</u>                                                                                                                                                          |                                              | TITLE SECRETARY                                                      |                                                        | DATE 7/10/69                                   |                                       |                                                   |                       |

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