

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DISE FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

SEC. 13-T15S-R29E

12. COUNTY OR
PARISH

CHAVES

13. STATE

N. M.

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

JACK L. MCCLELLAN

3. ADDRESS OF OPERATOR

P. O. Box 843, ROSWELL, NEW MEXICO

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

660' FN & WL

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

11/13/65

16. DATE T.D. REACHED

1/6/66

17. DATE COMPL. (Ready to prod.)

APRIL 5, 1966

18. ELEVATIONS (DE. HKB, RT. GR, ETC.)*

3912 QL 3113 DE

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

3537

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

2044

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

ROTARY TOOLS

CABLE TOOLS

0-3537

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

1959-1974

26. TYPE ELECTRIC AND OTHER LOGS RUN

GAMMA RAY DENSITY

28.

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED
5-1/2"	14 LBS.	2060	8"	250 S

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	1930	NONE

31. PERFORATION RECORD (Interval, size and number)

1 SHOT./FT. 1959, 1961, 1965, 1968,
AND 1970
PERF 2 SHOT./FT. 1968-1974

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1959-1974	750 GALS. ACID (15%)
1959-1974	FRACTURED w/ 500 GALS. SALT
	PLUS 20,000 LBS. SAND

33.*

PRODUCTION

DATE FIRST PRODUCTION
APRIL 5, 1966PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)
FLOWINGWELL STATUS (Producing or
shut-in)
SHUT-IN

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4/6/66	8 HRS.	3/16"					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
600 LBS.	300			3200	0		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
*SHUT-IN

TEST WITNESSED BY

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

TITLE

OPERATOR

DATE

4/13/66

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

*WILL TAKE FOUR POINT BACK PRESSURE TEST WHEN CONNECTION IS MADE

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
	0	325	RED SAND AND SHALE	RUSTLER	325	
	325	425	ANHYDRITE	TOP SALT	425	
	425	1070	SALT	YATES	1217	
	1070	1230	SALT, ANHY., RED SHALE & RED SAND	7-RIVERS	1780	
	1230	1520	ANHY., RED SAND & RED SHALE	QUEEN	1947	
	1520	1615	ANHYDRITE & DOLOMITE	PENROSE	2097	
	1615	1960	SALT, ANHY., RED SHALE & RED DOL.	SAN ANDRES	2600	
	1960	1985	RED & GRAY SAND, GOOD SHOW GAS			
	1985	2126	ANHYDRITE AND RED SAND			
	2126	2320	RED AND GRAY SAND			
	2320	2600	ANHYDRITE, DOLO & RED & GRAY SAND			
	2600	2800	DOLOMITE & ANHYDRITE			
	2800	3473	DOLOMITE - SLIGHT SHOW OIL 3200-TD			