

UNIT STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: ☒ OIL ☐ GAS ☐ DRY		1b. TYPE OF COMPLETION: ☐ NEW ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ REPAIR ☐ OTHER	
2. NAME OF OPERATOR Jack L. McCellan			
3. ADDRESS OF OPERATOR P. O. Box 848, Roswell, New Mexico 88201			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 2310 FSL & 330 FWL At top prod. interval reported below At total depth			
14. PERMIT NO. _____ DATE ISSUED _____			
15. DATE SCHEDULED 10/11/70			
16. DATE T.D. REACHED 10/29/70			
17. DATE COMPLETION (Ready to prod.) 11/1/70			
18. ELEVATIONS (DT, RKB, RT, CR, ETC.) 3908 G.L.			
19. ELEV. CASINGHEAD N. M.			
20. TOTAL DEPTH, MD & TVD 1999'			
21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPLETIONS, HOW MANY? 23. INTERVALS DRILLED BY 24. INTERVALS DRILLED BY 25. SURVEY MADE BY 26. WAS DIRECTIONAL 27. WAS WELL COBED 28. WAS WELL LOGGED			
29. LINER RECORD			
30. TUBING RECORD			
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
33. PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			
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			
37. SIGNED _____ DATE 11/3/70 Operator _____			

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

DATE FIRST PRODUCTION 11/11/70		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 11/11/70		CHOKER SIZE 32/64		PROD. FOR TEST PERIOD OIL—BBL. 120 GAS—MCF. 150 WATER—BBL. 0	
HOURS TESTED 24		Casing Pressure 380		24-HOUR RATE CALCULATED OIL—BBL. 120 GAS—MCF. 150 WATER—BBL. 0	
FLOW TUBING PRESS. 1701b.		DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Waiting on Phillips connection		TEST WITNESSED BY Cleo Brown	
2 copies of sample description					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED _____ DATE 11/3/70 Operator _____					

INSTRUCTIONS