

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 *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. 021825	
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 _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Charles B. Read		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 2126 Roswell, New Mexico 88201		8. FARM OR LEASE NAME Lowe-Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 1980' FEL Sec. 30-15S-27E At top prod. interval reported below At total depth Same as above		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Wildcat	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 30-15S-27E	
15. DATE SPUDDED 4/28/68		12. COUNTY OR PARISH Chaves	
16. DATE T.D. REACHED 5/23/68		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 5/23/68		19. ELEV. CASINGHEAD	
18. ELEVATIONS (DF, RKB, RT, OR, ETC.)* 3486' GL		20. TOTAL DEPTH, MD & TVD 373'	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry Hole		CABLE TOOLS 0-TD	
25. WAS DIRECTIONAL SURVEY MADE		No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
None			
29. LINER RECORD			30. TUBING RECORD
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
None			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)	
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.)		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 <i>Charles B. Read</i>		TITLE Agent	
		DATE August 19, 1968	

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

