

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) and 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

DESCRIPTION, CONTENTS, ETC.

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Anhy, red sh	0	650	
Red sh, red			
sd, anhy	650	1035	
Anhy, dolo,			
red sd	1035	1340	
Lm	1340	1415	
Anhy, dolo	1415	2040	
Dolo, anhy	2040	2670	
Sd	2670	2770	
Anhy, sd,			
Dolo	2770	4120	
Red sd	4120	4300	
Anhy, dolo	4300	4675	
Anhy	4675	4900	
Red sh, anhy	4900	5260	
Dolo, anhy	5260	6060	
Lm, gr sh	6060	6750	
Lm, sh	6750	7230	
Lm, sd, sh	7230	8200	
Lm	8200	8276	

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U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Queen	658		
Grayburg	1035		
San Andres	1340		
San Andres			
Porosity	2038		
Glorieta	2674		
Tubb	4108		
Abo	4885		
L. Leonard	5262		
Wolfcamp	6000		
Hueco Lime	6062		
Cisco	6750		
Canyon	7172		
Strawn	7627		
Atoka	7940		

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on reverse side)Form approved
Budget Number No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM - 067667

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barnhill-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Buffalo Valley Gas Penn

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

3-15S-27E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER ☒

Dry Hole

2. NAME OF OPERATOR

Charles B. Read

3. ADDRESS OF OPERATOR

P. O. Box 2126, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

990' FSL & 990' FEL Sec. 3-15S-27E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GS, etc.)

3428' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☒MULTIPLE COMPLETE ☒ABANDON* ☒CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Ran 340.33' of 13 3/8", H-40, 48# csg. set at 337'. Cemented w/200 sacks 50/50 Incor Poz w/4% Gel, 8# salt & 1/4# Flo Seal/sx. 100 sx of 50/50 Incor Poz w/2% CaCl, 8# salt/per sx & 1/4# Flo Seal/sx. Cement circ. WOC 18 hrs. Pressure tested to 1500 PSI. Pressure held.

Ran 2731' of 8 5/8", 24# & 28#, H-40 & J-55 csg. set at 2700' RKB. Cemented w/175 sx 50/50 Incor Poz, 4% Gel, 8# salt & 1/4# Flo Seal/sx. 100 sx 50/50 Incor Neat, 2% CaCl, 8# salt, 1/4# Flo Seal/sx. WOC 18 hrs. Pressure tested at 1700 PSI. Temp. Survey; cement top @ 1240'.

18. I hereby certify that the foregoing is true and correct

SIGNED

Charles B. Read

TITLE

Operator

DATE

8/2/68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AUG 5 - 1968

R. L. BLUMHART
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side