

M. O. C. C. COPY  
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 ☒ 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

Box 848, ROSWELL, NEW MEXICO 88201

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

1980' FEL &amp; 1650' FNL

14. PERMIT NO.

DATE ISSUED

Sec. 24 T-15-S R-29-E

12. COUNTY OR PARISH  
CHAVES13. STATE  
N.M.

15. DATE SPUNDED 1/29/69 16. DATE T.D. REACHED 2/14/69 17. DATE COMPL. (Ready to prod.) 2/19/69 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 3935" GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD 2040' 21. PLUG, BACK T.D., MD &amp; TVD 2034' 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 1988-2005' QUEEN SAND

26. TYPE ELECTRIC AND OTHER LOGS RUN

GAMMA RAY- NEUTRON (IN PIPE)

25. WAS DIRECTIONAL SURVEY MADE No 27. WAS WELL CORED No

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED	
8 5/8"	30 LB.	421'	12 3/4"	50 SX	NONE
5 1/2"	15 LB.	2035'	8"	150 SX	NONE

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	1942'	NONE

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
1948'-2002'		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		1948'-2002'	25,000 GALS. WATER AND 30,000 LBS. SAND.

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
2/19/69		SWABBING				PRODUCING	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2/19/69	12	2"	→	60	TSTM	0	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
20 LB.	40	→	120	TSTM	0	35	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) VENTED (AWAITING CONNECTION) TEST WITNESSED BY CHANEY

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

2/22/69

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

RECEIVED

FEB 28 1969

O. C. C.  
ARTESIA, OFFICE

# 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.)

PLEASE HOLD THESE TOPS CONFIDENTIAL

## 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
RUSTLER	0	400	RED BEDS, GRAVEL	RUSTLER	398	
SALADO	420	420	ANHYDRITE	B. SALT	1056	
YATES	1050	1050	SALT	YATES	1256	
7-RIVERS	1250	1250	ANHYDR. SAND & SHALE	QUEEN	1988	
QUEEN	1990	1990	DOLOMITE, ANHYDRITE, SAND & SHALE			
"	2005	2005	GRAY SAND			
"	2040	2040	GRAY & RED SAND, DOLOMITE, ANHYD.			