

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions 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' FS & EL

14. PERMIT NO.

DATE ISSUED

5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LISA "C" FEDERAL

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

SULIMAR-6

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

SEC. 24-T15S-R29E

12. COUNTY OR
PARISH
CHAVES13. STATE
NEW MEXICO

15. DATE SPUDDED 4/12/69 16. DATE T.D. REACHED 4/28/69 17. DATE COMPL. (Ready to prod.) 5/02/69 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3920' G. L. 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 2038' 21. PLUG, BACK T.D., MD & 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) 1989 - 2018' 25. WAS DIRECTIONAL SURVEY MADE NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

GAMMA RAY NEUTRON IN CASING

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	23 LB.	401'	12-3/4"	50 SX	NONE
5-1/2"	14 LB.	2038'	8"	150 SX	NONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	1952'	NONE

31. PERFORATION RECORD (Interval, size and number)

2 SHOTS PER FOOT 1989-2002'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1989-2002'	200 GALS ACID, 25,000 GALS. WATER, FRAC - 30,000 # SAND

33.* PRODUCTION

DATE FIRST PRODUCTION 5/02/69 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) PUMPING 1-1/8" PUMP WELL STATUS (Producing or shut-in) PRODUCING

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
5/02/69	6	2"	→	28	25	24 BLW	900/1
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
	200	→	112	100	96 BLW	35	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

VENTED - WAITING ON CONNECTION

TEST WITNESSED BY

G. F. CHANEY

35. LIST OF ATTACHMENTS

LOGS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

J. L. McClellan

TITLE

OPERATOR

DATE

MAY 12, 1969

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

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.

Item 1: If not filed prior to the time this summary report 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 TOPS CONFIDENTIAL

37. SUMMARY OF POROSITY ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORDED 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
SURFACE	0	388	GRAVEL AND SHALE	RUSTLER	388	
RUSTLER	388	406	ANHYDRITE	TOP SALT	406	
SALADO	406	1054	SALT AND GYP	BASE SALT	1054	
	1054	1254	ANHYDRITE, SHALE, SAND	YATES	1254	
YATES, 7-RIVERS	1254	1989	ANHYDRITE, RED SAND AND SHALE	7-RIVERS	1792	
QUEEN	1989	2009	GRAY SAND	QUEEN	1989	
	2009	2038	RED SAND AND DOLOMITE			