

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

5. LEASE DESIGNATION AND SERIAL NO.

NM 3613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BARBARA FEDERAL

WELL NO.

10. FIELD AND POOL, OR WILDCAT

SULMAR QUEEN

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

SEC. 12-T 15S-R29E

12. COUNTY OR

PARISH

13. STATE

CHAVES

N. M.

1a. TYPE OF WELL:

OIL

☐

GAS

☐DRY ☐Other ☐

b. TYPE OF COMPLETION:

NEW

☒

WORK

☐

DEEP-

☐

PLUG

☐

DIFF.

☐Other ☐

2. NAME OF OPERATOR

JACK L. McCLELLAN

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

At top prod. interval reported below

990' FSL & 330' FEL

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

1/07/71

16. DATE T.D. REACHED

1/27/71

17. DATE COMPL. (Ready to prod.)

1/29/71

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3911 G.L. 3913 D.F.

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

1989'

21. PLUG, BACK T.D., MD & TVD

1989

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1979-88

26. TYPE ELECTRIC AND OTHER LOGS RUN

No LOGS WERE RUN

25. 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"	20 LB.	340	10 1/2"	150sx (CIRC.)	
5 1/2"	15 1/2 LB.	1972	8"	200sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

OPEN HOLE 1972-1989

FEB 12 1971

O. C. C.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
	NATURAL WELL

33.* ARTESIA, PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
1/29/71		FLOWING					PRODUCING	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
1/30/71	24	18/64	→	104	30	0	288/1	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
200	350	→	104	30	0	32°		

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

WILL BE CONNECTED PHILLIPS, IN 2 WEEKS

TEST WITNESSED BY

BROWN

35. LIST OF ATTACHMENTS

2 COPIES OF SAMPLE 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

2/8/71

*(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.

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 depths in 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, 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
QUEEN SAND	1979	1989	QUEEN SAND CONTAINING OIL & GAS	RUSTLER	350	
				B. SALT	1095	
				YATES	1256	
				7-RIVERS	1785	
				QUEEN	1979	