

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.Copy 2
8.7

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 0493370-A	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR JACK L. MCCLELLAN		7. UNIT AGREEMENT NAME SULIMAR QUEEN UNIT	
3. ADDRESS OF OPERATOR Box 848 - ROSWELL, NEW MEXICO 88201		8. FARM OR LEASE NAME TRACT V 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310 FSL AND 2310 FEL At top prod. interval reported below At total depth		9. WELL NO. #3	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 6-04-72		16. DATE T.D. REACHED 6-23-72	
17. DATE COMPL. (Ready to prod.) 7-7-72		18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 3926.8 GR	
19. ELEV. CASINGHEAD 3927		20. TOTAL DEPTH, MD & TVD 1975	
21. PLUG, BACK T.D., MD & TVD 1974		22. IF MULTIPLE COMPL., HOW MANY*	
23. PERFORATION RECORD (Interval, size and number) 1938-1948 20 HOLES		24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1938-1948	
25. TYPE ELECTRIC AND OTHER LOGS RUN GAMMA RAY - NEUTRON		26. WAS DIRECTIONAL SURVEY MADE No	
27. WAS WELL CORED No		28. WAS WELL Cased No	
29. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	20	250	11"
4 1/2"	11.6	1975	8"
30. CEMENTING RECORD			
AMOUNT PULLED			
100 SKS NONE			
150 SKS NONE			
JUL 21 1972			
U. S. GEOLOGICAL SURVEY			
ARTESIA, NEW MEXICO			
31. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)			
1938-1948			
AMOUNT AND KIND OF MATERIAL USED			
200 GAL MSA			
20,000 GAL LEASE OIL			
15,000# 20-40 SAND			
33. PRODUCTION			
DATE FIRST PRODUCTION 7-13-72		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) PUMPING	
DATE OF TEST 7-19-72		WELL STATUS (Producing or shut-in) PRODUCING	
HOURS TESTED 24	CHOKE SIZE --	PROD'N. FOR TEST PERIOD 85	GAS—MCF. 77
WATER—BBL. 43	GAS—OIL RATIO 905		
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 CLEO BROWN			
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>W. L. Gordon</i>		TITLE PRODUCTION SUPERINTENDENT	
		DATE JULY 19, 1972	

*(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 32.

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.)

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.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
QUEEN	1938			RUSTLER	334	
				T SALT	358	
				B SALT	995	
				YATES	1193	
				SEVEN RIVERS	1735	
				QUEEN	1938	