

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATES*

(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 DEPCO, Inc.						AUG 2 1973	
3. ADDRESS OF OPERATOR 800 Central, Odessa, Texas 79761						O. C. C.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 990 FT. Unit Letter "D", Sec. 19, T-15-S, R-28-E At top prod. interval reported below At total depth						ARTESIA OFFICE	
14. PERMIT NO.				DATE ISSUED 5-23-73			
15. DATE SPUDDED 4-21-73		16. DATE T.D. REACHED 7-10-73		17. DATE COMPL. (Ready to prod.) Plugged 7-11-73		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3625 GR	
20. TOTAL DEPTH, MD & TVD 9240		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 1143-9240	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None						19. ELEV. CASING HEAD N.M.	
26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Induction-Laterlog, Compensated Neutron						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
12 3/4		35#		314		17 1/2	
8 5/8		24#		1892		11	
CEMENTING RECORD		AMOUNT PULLED					
400 sx.		-0-					
700 sx.		-0-					
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
TUBING RECORD		30.					
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
						Dry hole	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
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	
						posted 10-18-74	
35. LIST OF ATTACHMENTS Two logs, Deviation Survey							
36. I hereby certify that the foregoing and attached information is complete and correct as furnished from all available records							
SIGNED D. R. Mason		TITLE Chief Clerk		DATE 7-26-73			

*(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 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: 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	TOP TRUE VERT. DEPTH
				Yates	352	
				Queen	1066	
				San Andres	1834	
				Glorieta	3262	
				Tubb	4533	
				Abo	5318	
				Wolfcamp	6512	
				Cisco	7317	
				Canyon	7642	
				Strawn	8161	
				Atoka	8586	
				Morrow	8700	
				Miss.	9067	