

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R353.5.

copy to 19

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 McCLELLAN OIL CORPORATION						RECEIVED									
3. ADDRESS OF OPERATOR P. O. Box 848, ROSWELL, NEW MEXICO 88201						MAR - 1 1974									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below 660' FS & EL At total depth						O. C. C. ARTESIA, OFFICE									
14. PERMIT NO.				DATE ISSUED											
15. DATE SPUDDED 12-17-73		16. DATE T.D. REACHED 2-10-74		17. DATE COMPL. (Ready to prod.) P&A		18. ELEVATIONS (DP, R&B, RT, GR, ETC.)* 3766' GR		19. ELEV. CASINGHEAD NONE							
20. TOTAL DEPTH, MD & TVD 3156'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 0-3156'							
25. WAS DIRECTIONAL SURVEY MADE?						No									
26. TYPE ELECTRIC AND OTHER LOGS RUN WESTERN COMPANY GAMMATRON						27. WAS WELL CORED No									
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
NONE															
29. LINER RECORD									30. TUBING RECORD						
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		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 P&A			PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)						
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD →		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
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						
35. LIST OF ATTACHMENTS									U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO						
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED <u>Hal Stierwalt</u>			TITLE			AGENT			DATE 2/27/74						

*(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	TRUE VERT. DEPTH
QUEEN	1620	1635	20 GAL SALT WATER PER HOUR	TOP SALT	200'	
				BASE SALT	765'	
				TOP YATES	900'	
				TOP QUEEN	1620'	
				TOP GRAYBURG	2000'	
				TOP SAN ANDRES	2314'	
				TOTAL DEPTH	3156'	