

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM-069280	
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 McClellan Oil Corporation		7. UNIT AGREEMENT NAME Sulimar Queen Unit	
3. ADDRESS OF OPERATOR P. O. Box 848, Roswell, New Mexico 88201		8. FARM OR LEASE NAME Sulimar Queen Unit	
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		9. WELL NO. Tract 1 No. 13	
14. PERMIT NO.		13. STATE New Mexico	
DATE ISSUED		10. FIELD AND POOL, OR WILDCAT Sulimar Queen	
15. DATE SPUDDED 6/28/77		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 24-T15S-R29E	
16. DATE T.D. REACHED 7/20/77		12. COUNTY OR PARISH Chaves	
17. DATE COMPL. (Ready to prod.) 8/05/77		13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3926 G.L.		14. PERMIT NO.	
19. ELEV. CASINGHEAD		DATE ISSUED	
20. TOTAL DEPTH, MD & TVD 1975'		21. PLUG, BACK T.D., MD & TVD 1973'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1955' - 1957'		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray 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
8-5/8"	20 lb.	388'	10-1/4"
5-1/2"	15 lb.	1975'	8"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)			
1956-58' - Squeezed			
1955 1/2 - 57 2 shots/ft.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
1955-1/2 - 57		None	
33.* PRODUCTION			
DATE FIRST PRODUCTION 8/10/77	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Producing
DATE OF TEST 8/15/77	HOURS TESTED 24	CHOKE SIZE 2"	PROD'N. FOR TEST PERIOD →
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL. 5
			GAS—MCF. 0
			WATER—BBL. 47
			OIL GRAVITY-API (CORR.) 36°
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) None			
35. LIST OF ATTACHMENTS 2 Gamma Ray Neutron logs			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.			
SIGNED Josh J. McClellan		TITLE Operator	
DATE 11/30/77			

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

General: This form is designed for submitting a complete and correct well completion report and filing 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; CORED 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
Rustler	370	380	Water, Salt	Top of Salt	383	
Queen	1944 1955	1952 1960	Water Oil & water	Base of Salt	1050	
				Yates	1210	
				7-Rivers	1757	
				Queen	1947	