

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

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 Gross & Kinchloe						DATE ISSUED MAY 14 1965	
3. ADDRESS OF OPERATOR 813 Petroleum Bldg. Roswell, New Mexico						ARTESIA. OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980 SWL N.E. Sec. 27 - T. 16S - R. 28 E At top prod. interval reported below At total depth						12. COUNTY OR PARISH Eddy	
14. PERMIT NO. 5806						13. STATE New Mex.	
15. DATE SPUDDED 3-21-65	16. DATE T.D. REACHED 3-22-65	17. DATE COMPL. (Ready to prod.) 5-1-65	18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 3607 Gd		19. ELEV. CASINGHEAD		
20. TOTAL DEPTH, MD & TVD 10516	21. PLUG BACK T.D., MD & TVD 1500	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS	CABLE TOOLS X		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1100-60 Penrose sd					25. WAS DIRECTIONAL SURVEY MADE No		
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma-ray Density log					27. WAS WELL CORED No		
28. CASING RECORD (Report all strings set in well)							
CASING SIZE 4"	WEIGHT, LB./FT. 9 1/2	DEPTH SET (MD) 1178	HOLE SIZE 7 7/8	CEMENTING RECORD 150	AMOUNT PULLED		
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE 2"	DEPTH SET (MD) 1316	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number) 1107-1110-1118-1152-1156 w/10 1/4 holes				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 1100-60 AMOUNT AND KIND OF MATERIAL 1000 gal. water 30,000 lb. sg			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)		
DATE OF TEST 4-7-65	HOURS TESTED 24	FLOW RATE 16/61	PROD'N. FOR TEST PERIOD →	OIL—BBL. 111	GAS—MCF. 111	WATER—BBL. 111	OIL GRAVITY-API (CORR.)
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 Herman Wallace	
35. LIST OF LOGS multiple							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED man		TITLE Geologist		DATE 5-11-65			

* (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: 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	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH