

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 ☐	RECEIVED	
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐
2. NAME OF OPERATOR		GEORGE A. CHASE				
3. ADDRESS OF OPERATOR		P. O. Box 637, Artesia, New Mexico - 88210				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						
At surface SE/4, NE/4, NE/4, Section 34, Township 16S, Range 31E, Eddy County, New Mexico						
At top prod. interval reported below						
At total depth 3840						
14. PERMIT NO.		DATE ISSUED		DEC 18 1964		
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*
11-17-64		11-29-64		11-29-64		4058 GL
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY
3840		3735'				ROTARY TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		3603 - 3690 Premier		25. WAS DIRECTIONAL SURVEY MADE		yes
26. TYPE ELECTRIC AND OTHER LOGS RUN		Gamma Ray Density		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	
13-3/8"	54#	30'	20"	3 yards	none	
5-1/2"	17#	3735'	8-3/4"	200 sacks	none	
29. LINER RECORD						
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD	
					SIZE	DEPTH SET (MD)
					2" EUE	3600'
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
One 1.4 jet holes at:				DEPTH INTERVAL (MD)		
3603 3651 3671 3682				AMOUNT AND KIND OF MATERIAL USED		
3604 3653 3672 3686				250 gals mud acid		
3605 3655 3675 3690				750 gals regular acid		
				45000# sand		
				75,600 gals water		
33.* PRODUCTION						
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)	
12-14-64		flowing and swabbing			producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.
12-7-64	24	1"	→	40	18.103	86
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
swabbing	420	→	40	18.103	86	36
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY
vented						C. E. Miller
35. LIST OF ATTACHMENTS						
none						
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records						
SIGNED		TITLE		Owner		DATE
George A. Chase						Dec. 15, 1964

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
	0000	700	Red Beds	T. Anhy	700
	700	850	Anhy	T. Salt	850
	850	1850	Salt	B. Salt	1850
	1850	2020	Anhy and Dolo	T. Yates	2020
	2020	2230	Anhy and Sand	T. 7 Rivers	2280
	2230	2915	Sand and Dolo	T. Queen	3040
	2915	3040	Sand	T. Pripps	3198
	3040	3198	Sand and Dolo	T. Greyburg	3430
	3198	3430	Sand	T. Metex	3500
	3430	3500	Sand	T. Premier	3648
	3500	3648	Sand	T. S. A.	3691
	3648	3691	Lime	T. Lowington	3808
	3691	3808	Sand		