

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 ☐			
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR		Kennedy Oil Co., Inc.					
3. ADDRESS OF OPERATOR		Box 151 Artesia, N.M. O. C. C. ARTESIA, OFFICE					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 1650' FNL, 2310 FNL Sec. 28, T-16S, R-31E					
At top prod. interval reported below		same					
At total depth		same					
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH			13. STATE
				Eddy			New Mexico
15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD		
6-24-64	6-30-64	7-10-64	3968 DF		3960		
20. TOTAL DEPTH, MD & TVD	21. PLUG BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS		
3663	3660		→	0-3663			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE		
3401-3494 Grayburg					No		
3620-3631 Lovington							
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED		
Gamma-Sonic					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	48	26	17	Circulated		none	
5 1/2	14 1/2	3660	7 7/8	200 sacks			
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2" EUE	3530	none
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
One (1) 0.375 Crack Jet # 3401, 3424, 3426 1/2, 3465 1/2, 3463, 3466, 3469 1/2, 3471, 3486, 3487, 3493, 3494, 3620, 3621, 3621 1/2, 3622, 3623, 3628, 3629, 3629 1/2, 3630, 3631				DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED			
				3401-3494 800 gal. acid, 33,000 sd & 104,500 gal. slick water.			
				3620-3631 300 gal. acid, 5,000 sd & 31,500 gal. slick water.			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
7-10-64		Pumping 1 25/32" tubing pump.				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7-21-64	24	2"	→	39	TSTM	25	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
Pumping	50	→	39	TSTM	25	35	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Vented						B.E. Kennedy	
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			DATE		
B.E. Kennedy		Vice Pres.			7-24-64		

*(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 88, 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 36.

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
	0	600	Red Rock with Anhydrite stringers	T. Anhydrite	600	
	600	720	Anhydrite	T. Salt	720	
	720	1735	Salt	B. Salt	1735	
	1735	2784	Anhydrite	T. Queen	2784	
	2784	2810	Sand	T. S.A.	3500	
	2810	3401	Anhydrite & Dolomite	T. Lovington	3620	
	3401	3500	Dolomite with sand lenses			
	3500	3620	White Lime			
	3620	3631	Limy Sand			
	3631	3663	Lime			