

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 _____

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other P & A

2. NAME OF OPERATOR

Shell Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1858, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 660' FNL & 660' FEL (NE/4 NE/4) Section 14, T-16-S,R-30-E, NMPL Survey, Eddy County, New Mexico

At total depth

5. LEASE DESIGNATION AND SERIAL NO.

LC-063928 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Henshaw Deep Unit

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Henshaw-Wolfcamp

11. SEC., T., R., M., OR BLOCK AND SURVEY

Section 14, T-16-S, R-30-E, NMPL

12. COUNTY OR

Eddy

13. STATE

New Mexico

15. DATE SPILLED

5-16-64

16. DATE T.D. REACHED

8-23-64

17. DATE COMPL. (Ready to prod.)

PLA 10-25-64

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3860' DF

19. ELEV. CASINGHEAD

3850'

20. TOTAL DEPTH, MD & TVD

9635'

21. PLUG, BACK T.D., MD & TVD

-

22. IF MULTIPLE COMPL., HOW MANY*

-

23. INTERVALS DRILLED BY

→

ROTARY TOOLS

527' - 9635'

CABLE TOOLS

0' - 527'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray/Neutron, Dual Induction Laterolog, Proximity-MicroLog

27. WAS WELL CORED

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4"	21.6#	522'	15"	350 sx.	-
7 5/8"	24#	3070'	9 5/8"	300 sx.	1590'

29. LINER 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 OR MATERIAL USED

NOV 10 1964

D. C. C.

ARTESIA, OFFICE

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

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

37. Summary of Porous Zones

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

Original Signed By:

SIGNED

V. L. KING

V. L. KING

TITLE

Acting District Exploitation Engineer

November 6, 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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Base Red Beds	465'	(+3395')
				Yates	1477'	(+2383')
				Seven Rivers	1723'	(+2137')
				Queen	2290'	(+1570')
				San Andres	3010'	(+ 890')
				Yess	4493'	(- 633')
				Tubb	5729'	(-1869')
				Abu	6478'	(-2618')
				Hollicamp	7710'	(-3890')
				Lower Hollicamp		
				Marker	8525'	(-4665')
				Base Carbonate	9540'	(-5680')