

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other in-
structions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐		1b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		1. NAME OF OPERATOR J. H. NELSON		2. NAME OF OPERATOR J. H. NELSON		3. ADDRESS OF OPERATOR P. O. Box 496 - ARTESIA, NEW MEXICO		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FROM THE S. LINE AND 500' FROM THE WEST LINE At top prod. interval reported WEST LINE At total depth		14. PERMIT NO. -		DATE ISSUED MAY 6 1965		12. COUNTY OR PARISH SANDY		13. STATE NEW MEXICO			
15. DATE SPUNDED 3/5/65		16. DATE T.D. REACHED 3/13/65		17. DATE COMPL. (Ready to prod.) 3/25/65		18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 3810 GR		19. ELEV. CASINGHEAD -		20. TOTAL DEPTH, MD & TVD 3275		21. PLUG BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY* -		23. INTERVALS DRILLED BY YES		24. ROTARY TOOLS YES		25. CABLE TOOLS YES	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2700-2720 - TWO SHOTS PER FT. 3224-3239 - THREE SHOTS PER FT.		25. TYPE ELECTRIC AND OTHER LOGS RUN WELLS RADIOACTIVE LOG (TWO ATTACHED)		26. WAS WELL CORED YES		27. WAS DIRECTIONAL SURVEY MADE YES		28. WAS WELL CURED YES		29. WAS WELL CURED YES		30. WAS WELL CURED YES		31. WAS WELL CURED YES		32. WAS WELL CURED YES		33. WAS WELL CURED YES		34. WAS WELL CURED YES	
31. PERFORATION RECORD (Interval, size and number) 2700 TO 2720, 2 SHOTS PER FT. 3224 TO 3239, 3 SHOTS PER FT.		32. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. 2700-2720 500 BBL. JELLED WATER AND 20,000# OF SAND. 3224-3239 600 BBL. JELLED WATER & 40,000# SAND		33. PRODUCTION DATE FIRST PRODUCTION 3/25/65 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Producing		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) 50		35. LIST OF TESTS WATER		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED [Signature]		TITLE OWNER		DATE 5/3/65					

*(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 38, 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
SAND	2415	2435	WATER	QUEEN	2415	
SAND	2700	2730	GAS	PENROSE	2700	
SAND	3250	3245	OIL AND GAS	PARVIA	3110	
				SAMANDRES	5140	
				LOVINGTON	3250	