| | | | | | | Form C-1 | ns. | |
|---|-----------------------|----------------------|---|-----------------|--|-----------------------|------------------------------|--|
| NO. OF COPIES RECEIVED | <u> </u> | | | | | Revised | | |
| DISTRIBUTION | | | | | | 5a. Indicate | Type of Lease | |
| SANTA FE | | | | | | | Fee | |
| FILE | /- WE | LL COMPLE | TION OR RECO | MPLETION | REPORT AND | LOG State X | & Gas Lease No. | |
| U.S.G.S. | 2 | | | | | 5, 5,40 | . 17 | |
| LAND OFFICE | 7 | | | | | h | #/~~~~~ | |
| OPERATOR | 3 | | | | | ////// | | |
| | | | | DFCE | IVED | | | |
| BUT OF MELL | nis! | | | | • • • | 7. Unit Agre | ement Name | |
| Id. TYPE OF WELL | | | | | | Ì | | |
| | | K GAS WELL | DRY | OTHER | n 1025 | 8. Farm or L | ease Name | |
| b. TYPE OF COMPLET | | | | FER | 4 1300 | 1 | | |
| NEW WORK | DEEPEN | PLUG BACK | DIFF. RESVR. | OTHER | | 9. Well No. | | |
| 2. Name of Operator | | | | **** | eria PA | i | | |
| Hugh ' | . Johnst | on. Sr. " | | green to | ४ - नःश् तता | _ 3 | | |
| 3. Address of Operator | <u> </u> | | | | | | d Pool, or Wildcat | |
| Hugh L. Johnston, Sr. 3. Address of Operator 225 Midland Tower Bldg., Midland, Texas | | | | | | | Artesia | |
| 4. Location of Well | Idraile 10 | wer brage | , | · · · | | MILLI | | |
| 4. Location of wen | | | | | | | | |
| | | | | | 16501 | | | |
| UNIT LETTERO | LOCATED <u>33</u> | OT FEET FR | OM THE SOUTH | LINE AND | 1000 FEE | T FROM 12. County | | |
| | | | | 11////// | ////////////////////////////////////// | 11111 | | |
| THE East LINE OF S | EC. 25 TW | p. 17 S RGE | . 28 E | | IIIXIIIII | IIII Eddy | VIIIIIII | |
| THE East LINE OF S | 16. Date T.D. Red | ached 17. Date | Compl. (Ready to F | Prod.) 18. E | levations (DF, RK | B, RT, GR, etc.) 19. | Elev. Cashinghead | |
| ŧ | | . | | | | GR | | |
| 4-15-65 20. Total Depth | 5-21-63 | Back T.D. | 22. If Multipl | e Compl., How | 23. Intervals | Rotary Tools | , Cable Tools | |
| 20. Total Depth | 21 | | Many | | Drilled B | | 1 | |
| 24. Producing Interval(s) | | | <u> </u> | | | | 25. Was Directional Survey | |
| 24. Producing Interval(s) | , of this completion | on - Top, Bottom | , Name | | | | Made | |
| 2309 to 231 | 3 2 Shot | s Per Ft | . Mete | x Zone | | | | |
| 2309 LO 231 | J 2 3110 C | .5 101 .5 | , | | | | | |
| 26. Type Electric and Ot | ther Logs Run | | | | | 27. W | as Well Cored | |
| 20 | - | | | | | | | |
| | | CAS | ING RECORD (Rep | ort all strings | set in well) | | | |
| 28. | | | | | | ING RECORD | AMOUNT PULLED | |
| CASING SIZE | WEIGHT LB./ | FT. DEPTH | I SET HOI | LE SIZE | CEMERI | INO REGORD | | |
| | | | | | | | | |
| | | | | | | | | |
| . , | | | | | | | | |
| | | | | | | | | |
| 29. | LI | NER RECORD | | | 30. | TUBING REC | ORD | |
| | | воттом | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET | |
| SIZE | ТОР | BOTTOM | JACKS CEMENT | | | | | |
| | | | ļ | | | | | |
| · | | | <u> </u> | L, | | CTURE CELLER | USEZE ETC | |
| 31. Perforation Record (| Interval, size and | number) | | 32. | ACID, SHOT, FRA | CTURE, CEMENT SQ | | |
| | | | | DEPTH | INTERVAL | | MOUNT AND KIND MATERIAL USED | |
| 2309 to 2313 2 Shots per Ft. | | | | | | 250 Gal. | of N.E. Acid | |
| 2309 to | 2313 2 | onors per | rue | | | | | |
| | | | | | | | | |
| | | • | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | 1 | |
| 33. | | | | DUCTION | | Wall Cial | is (Prod. or Shut-in) | |
| Date First Production | Produc | ction Method (Flo | wing, gas lift, pum | ping - Size an | a type pump) | well statu | is it tous of situe-net | |
| | İ | | | | | | T | |
| Date of Test | Hours Tested | Choke Size | Prod'n. For | Oil — Bbl. | Gas - MCF | Water - Bbl. | Gas-Oil Ratio | |
| | 1 | | Test Period | | | Ì | | |
| Flan Falton Deser | Casing Pressure | Calculated 2 | 4- Oil - Bbl. | Gas - N | ACF Wate | er — Bbl. Oi | Gravity - API (Corr.) | |
| Flow Tubing Press. | Custing Fress Me | Hour Rate | | | | | | |
| | <u> </u> | , | <u> </u> | | | Test Witnessed | Ву | |
| 34. Disposition of Gas | (Nold: used for fue | i, vented, etc.) | | | | | • | |
| 1 | 100001 0000 101 100 | | | | | | | |
| · · | DOSE 1000 11 14 | | | | | <u></u> | | |
| 35. List of Attachments | | | | | | | , | |
| 35. List of Attachments | | | | | | | • | |
| | | | es of this form is t | rue and comple | te to the best of m | y knowledge and belie | · - | |
| 35. List of Attachments 36. I hereby certify that | | | es of this form is t | rue and comple | te to the best of m | y knowledge and belie | · · | |
| | | | es of this form is t | | te to the best of m | y knowledge and belie | 2-7-66 | |

O