

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions 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 _____
2. NAME OF OPERATOR Ernest A. Hanson						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico						8. FARM OR LEASE NAME Flood Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 660' FWL At top prod. interval reported below Sec. 20, T-17-S, R-27-E, N.M.P.M. At total depth Eddy County, New Mexico						9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____						10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUDDED 9-30-66 16. DATE T.D. REACHED 10-7-66 17. DATE COMPL. (Ready to prod.) 10-8-66 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3350' GL 19. ELEV. CASINGHEAD						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 20, T-17-S, R-27-E	
20. TOTAL DEPTH, MD & TVD 460' anhy. 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE No						12. COUNTY OR PARISH Eddy	
26. TYPE ELECTRIC AND OTHER LOGS RUN						13. STATE New Mexico	
27. WAS WELL CORED No							
29. 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"	24#	243'	15"	100 sx. circ.	None		
30. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)			
31. PERFORATION RECORD (Interval, size and number)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
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.		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
Sample Description							
SIGNED _____ TITLE Exploration Manager DATE 10-25-66							

*(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.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
	0	3	Top soil	Seven Rivers	180'		
	3	12	Red sand & gyp	Seven Rivers	412'		
	12	50	Gypsum				
	50	85	Gypsum				
	85	170	Gyp & red rock				
	170	180	Gyp & red rock - 2 blrs. wtr. per hr.				
	180	217	Gyp & anhydrite - s-i. inc. in water				
	217	325	Anhydrite				
	325	370	Anhy. & shale - water @ 350-360'				
	370	395	Lime				
	395	440	Anhy. - 6 blrs. WPH @ 420-425'				
	440	445	Red rock - inc. wtr. @ 425'				
	445	460	Anhydrite - inc. wtr. @ 450'				
			Tested 1 hr. @ 425' Rec 6 inches water plus slight show oil				