

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

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 _____		5. LEASE DESIGNATION AND SERIAL NO. LC-050158	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other <u>T&A</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Christena Loyd ✓		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 918 So. Roselawn - Artesia, New Mexico		8. FARM OR LEASE NAME Harbold	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FNL & 2110' FWL Sec. 35-17-27 At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED	
10. DATE SPELDED 5-8-67		11. FIELD AND POOL, OR WILDCAT Empire Yates 7-Rivers	
16. DATE T.D. REACHED 5-17-67		12. COUNTY OR PARISH Eddy	
17. DATE COMPL. (Ready to prod.) T&A		13. STATE N. Mex.	
18. ELEVATIONS (DF, RKE, RT, GR, ETC.)* N.H.		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 416		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)* T&A		25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN None		27. WAS WELL CORED No	

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
5½"	14#	416'	8"	40 sacks	

29. LINER RECORD					30. TUBING 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.	
10/400-405, 4/409-411		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		400-411	500 15% NE acid

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	WRS 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							

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

SIGNED

TITLE

Agent

DATE

9-27-67

*(See Instructions and Spaces for Additional Data on Reverse Side)