

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 ☐
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

Pennzoil United, Inc.

3. ADDRESS OF OPERATOR

P. O. Drawer 1828 - Midland, Texas 79701

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

At surface 1980 FNL & 1980 FEL of Section 10, T-17-S, R-28-E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR
PARISH
Eddy13. STATE
N. M.

15. DATE SPUNDED 12-14-68 16. DATE T.D. REACHED 2-19-69 17. DATE COMPL. (Ready to prod.) 3-2-69 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3590' RKB 19. ELEV. CASINGHEAD 3577'

20. TOTAL DEPTH, MD & TVD 11,040' 21. PLUG, BACK T.D., MD & TVD 8176' 22. IF MULTIPLE COMPL., HOW MANY* - 23. INTERVALS DRILLED BY - 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 8135' to 8155' Upper Penn 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray-Acoustic, Induction Electric, Contact Caliper

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
13 3/8"	48#	340'	17 1/2"	350 sx	None
8 5/8"	24# & 32#	1,979	11"	350 sx	None
4 1/2"	10.5# & 11.6	8,292	7 7/8"	300 sx	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
		NONE			2 3/8" EUE	8,115'	8115'

31. PERFORATION RECORD (Interval, size and number)

8194 to 8199' .42 (Three holes)

Set cement retainer @ 8176'

8135 to 8155' .42 (Nine holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8194 - 8199'	500 gals mud acid
	sq. w/100 sx cement
8135 - 8155'	3,000 gals acid

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
3-1-69		Flowing				Shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3-3-69	24	24/64"	→	313	154	16	490
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
150	pkv	→	-	RECEIVED	-	40	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

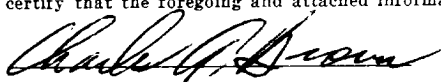
Lloyd J. Murphy

35. LIST OF ATTACHMENTS

DST Data - Deviation Data

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

SIGNED



TITLE

Manager of Production

DATE

3-10-69

*(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:				38. GEOLOGIC MARKERS		
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		
				NAME	MEAS. DEPTH	
					TRUE VERT. DEPTH	
				San Andres	2,041	S A M E
				Glorieta	3,386	
				Tubb	4,790	
				Abo	5,490	
				Wolfcamp	6,610	
				Cisco	7,900	
				Canyon	8,328	
				Strawn	9,113	
				Atoka	9,506	
				Morrow	9,766	
				Barnett	10,002	
				L/Miss. Lime	10,373	
				Woodford	10,854	
				Devonian	10,892	

See attached sheet for drill stem information.