

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN DUPLICATE
(See other
instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0554756

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

No Hope

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec 15, T17S-R23E

12. COUNTY OR
PARISH

EDDY

13. STATE

N.M.

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

RECEIVED

2. NAME OF OPERATOR

LAWRENCE C. HARRIS

DEC 18 1974

3. ADDRESS OF OPERATOR

P. O. Box 1714, Roswell, New Mexico 88201

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

At surface 660' fr S Line & 1980' fr E Line ARTESIAN, UFFER

At top prod. interval reported below

At total depth Same as at surface

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

8-28-74

16. DATE T.D. REACHED

11-30-74

17. DATE COMPL. (Ready to prod.)

P&A 12-5-74

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3961 GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

937'

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,
HOW MANY*

None

23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0' - 937'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

None

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

None (2 sample logs attached)

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
12-3/4"	36#	21'	16"	Cemented to surface	None
10-3/4"	28#	45'	12"	Cemented to surface	None

29. LINER 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.

DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED

33.*

PRODUCTION

DATE FIRST PRODUCTION

None

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.

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

Two copies of sample log and descriptions

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

SIGNED

TITLE

OPERATOR

DATE

12-14-74

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

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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 _____						5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR						7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below At total depth						8. FARM OR LEASE NAME	
14. PERMIT NO. _____ DATE ISSUED _____						9. WELL NO.	
15. DATE SPUDDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) _____						10. FIELD AND POOL, OR WILDCAT	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* _____						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
19. ELEV. CASINGHEAD _____						12. COUNTY OR PARISH _____ 13. STATE _____	
20. TOTAL DEPTH, MD & TVD _____		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)* _____						ROTARY TOOLS _____ CABLE TOOLS _____	
25. WAS DIRECTIONAL SURVEY MADE						26. TYPE ELECTRIC AND OTHER LOGS RUN _____	
27. WAS WELL CORED						28. CASING RECORD (Report all strings set in well)	
Casing Size		Weight, lb./ft.		Depth Set (MD)		Hole Size	
Cementing Record		Amount Pulled		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, SALT, FRACTURE, CEMENT SQUEEZE, ETC.	
33.* PRODUCTION						34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
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	
Flow. Tubing Press.		Casing Pressure		Calculated 24-hour Rate		Oil—BBL. Gas—MCF. Water—BBL. Oil Gravity-API (corr.)	
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 _____	
DATE _____						DATE _____	

*(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 :			38. GEOLOGIC MARKERS		
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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			T/San Andres	130'	
			Water	470' (Fresh but with strong sulphur odor)	
			San Andres Porosity	750' to 900'	