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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

AMENDED COMPLETION REPORT **

SUBMIT IN DUPLICATE*

(See other instructions 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. ☐

2. NAME OF OPERATOR *Carl A. Schellinger*
Morgan Drilling Company

3. ADDRESS OF OPERATOR
Drawer I, Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface *1980 from North line 1980 from East line*
At top prod. interval reported below
At total depth *Unit G*

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED *4-26-77* 16. DATE T.D. REACHED *6-11-77* 17. DATE COMPL. (Ready to prod.) *7-5-77* 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* *3464.3' GR* 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD *1679* 21. PLUG, BACK T.D., MD & TVD *1632 / 502 ** 22. IF MULTIPLE COMPL., HOW MANY* *1* 23. INTERVALS ROTARY TOOLS CABLE TOOLS
RECEIVED *X*

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
*1376-84 Grbg.***

25. WAS DIRECTIONAL SURVEY MADE
no

26. TYPE ELECTRIC AND OTHER LOGS RUN
Comp. Neut. Density

27. WAS WELL CORED
no

CASING RECORD (Report all strings set in well)					CEMENTING RECORD		AMOUNT PULLED
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE				
10 3/4	38#	214	10		90sx CCCem. & 1 1/2yd. ready-mix to top		
8 5/8	20#	855	8		mudded		855
4 1/2	9.5#	1679	8		300sx. HOWCO Lite, 250sx. 50/50 Poz.		
					Circ. 28sx.		

LINER RECORD					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.	
<i>1376-84 2 HPF .041" dia. 16 shots</i>		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		<i>1376-84</i>	<i>Spot 500 gal HCL acid</i>
			<i>Frac w/ 10,000 gal gel 3% HCL acid, 10,000# 20-40 sand w/ 10 ball sealers.</i>

33.* PRODUCTION

DATE FIRST PRODUCTION *7-6-77* PRODUCTION METHOD (Flowing, gas lift, pumping size and type of pump) *Flowing* WELL STATUS (Producing or shut-in) *SI*

DATE OF TEST *7-6-77* HOURS TESTED *24* CHOKE SIZE *8/64* PROD'N. FOR TEST PERIOD *0* OIL—BBL. *0* GAS—MCF. *265* WATER—BBL. *0* GAS-OIL RATIO

FLOW. TUBING PRESS. *250* CASING PRESSURE *250* CALCULATED 24-HOUR RATE *0* OIL—BBL. *0* GAS—MCF. *265* WATER—BBL. *0* 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 *William T. Morgan* TITLE *President* DATE *4-12-78*

*(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 POROSITY ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DAIL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
				T/Queen Penrose Grayburg Premier San Andres	798 1065 1244 1562 1584