

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE
(S. her instructions on reverse side)Form approved.
Budget Bureau No. 42-R355.5.5. LEASE DESIGNATION AND SERIAL NO.
LC 029431 A

RECEIVED

DEC 28 1981

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Welch Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Henshaw (Q,G,SA)

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

Section 19,
T 16S, R 31E12. COUNTY OR
PARISH
Eddy13. STATE
New Mexico

10. ELEV. CASINGHEAD

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

C. E. LaRue and B. N. Muncy, Jr.

3. ADDRESS OF OPERATOR

P. O. Box 196 Artesia, New Mexico 88210

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

At surface 330' FNL & 1335' FWL, Section 19, T16S, R31E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

9-23-81

16. DATE T.D. REACHED

10-03-81

17. DATE COMPL. (Ready to prod.)

12-1-81

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

3901' GL

20. TOTAL DEPTH, MD & TVD

3327'

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

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

XX

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

3239 - 3252' Lovington

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Sidewall Neutron Porosity - Dual Laterolog Micro SFL

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
8 5/8"	24#	554'	12 1/4"	375 sacks Class C	Circulated
5 1/2"	15 1/2#	3330'	7 7/8"	290 sacks 50/50 Poz Mix	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)

10 - 1/2" From 3239' - 3252'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3238-3256'	1000 gal. 7 1/2% acid, 40,000 gas gelled water 2/56,000# sand

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
12-01-81		Pumping					Pumping	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
12-05-81	24	2"	→	15	5	-0-		
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
		→	15	5	-0-	34		

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

Used for fuel

35. LIST OF ATTACHMENTS

ACCEPTED FOR RECORD
PETER W. CHESTER

DEC 23 1981

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

SIGNED

TITLE

Operator
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

DATE 10-07-81

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

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.

tion 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)
 Item 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state, in item 27.

Item 29. "Sacks General". Attached unenlightened records from the trial should be submitted in separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or interval(s), 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 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; COBED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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