

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.

029339-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jackson

9. WELL NO.

3-A

10. FIELD AND POOL, OR WILDCAT

Jackson

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

Sec. 13-17-30

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

## 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 \_\_\_\_\_

2. NAME OF OPERATOR

Flynn, Welch &amp; Yates, Inc.

3. ADDRESS OF OPERATOR

Box #1057, Artesia, New Mexico

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

At surface 1980' from South and 2000' from East Lines of Sec. 13-17-30.

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

5/27/37

16. DATE T.D. REACHED

8/19/37

17. DATE COMPL. (Ready to prod.)

9/1/37

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

3743 D.F.

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD

3510'

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

22. IF MULTIPLE COMPL., HOW MANY\*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

X

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

3350 - 3466

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED

## 29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10"		563		50 sx.	
7"		2968		100 sx.	

## 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
3350-3466	2,000 Acid.

## 33.\* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
9-1-37							
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-1-37	24		→	353			
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 \_\_\_\_\_

DATE \_\_\_\_\_

\*(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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____						5. LEASE DESIGNATION AND SERIAL NO. _____	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____						6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR _____						7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR _____						8. FARM OR LEASE 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 _____						9. WELL NO. _____	
14. PERMIT NO. _____ DATE ISSUED _____						10. FIELD AND POOL, OR WILDCAT _____	
15. DATE SPUDDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) _____						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA _____	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* _____						12. COUNTY OR PARISH _____ 13. STATE _____	
19. ELEV. CASINGHEAD _____		20. TOTAL DEPTH, MD & TVD _____		21. PLUG, BACK T.D., MD & TVD _____		22. IF MULTIPLE COMPL., HOW MANY* _____	
23. INTERVALS DRILLED BY _____		ROTARY TOOLS _____		CABLE TOOLS _____		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____	
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, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		Depth Interval (MD)		Amount and Kind of Material Used	
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		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 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 _____		DATE _____		* (See Instructions and Spaces for Additional Data on Reverse Side)	