

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____										5. LEASE DESIGNATION AND SERIAL NO. 029339-A	
b. TYPE OF COMPLETION: NEW WELL <input checked="" 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 Flynn, Welch & Yates, Inc.										7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box #1057, Artesia, New Mexico										8. FARM OR LEASE NAME Jackson	
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										9. WELL NO. 3-A	
14. PERMIT NO. _____ DATE ISSUED _____										10. FIELD AND POOL, OR WILDCAT Jackson	
15. DATE SPUDDED 5/27/37										11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 13-17-30	
16. DATE T.D. REACHED 8/19/37										12. COUNTY OR PARISH Eddy	
17. DATE COMPL. (Ready to prod.) 9/1/37										13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3743 D.F.										19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 3510'										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)* 3350 - 3466										25. WAS DIRECTIONAL SURVEY MADE X	
26. TYPE ELECTRIC AND OTHER LOGS RUN										27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)											
CASINO 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)			
				RECEIVED							
30. TUBING RECORD											
SIZE		DEPTH SET (MD)		PACKER SET (MD)							
31. PERFORATION RECORD (Interval, size and number)						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
3350-3466						DEPTH INTERVAL (MD)					
						AMOUNT AND KIND OF MATERIAL USED					
						2,000 Acid.					
33.* PRODUCTION											
DATE FIRST PRODUCTION 9-1-37			PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)		
DATE OF TEST 9-1-37		HOURS TESTED 24		CHOKE SIZE		PROD'N. FOR TEST PERIOD 353		OIL—BBL.		GAS—MCF.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.	
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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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 _____	
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)* _____						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	
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—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 _____		

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