

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other <u>RECEIVED</u>		5. LEASE DESIGNATION AND SERIAL NO. LC 028936-D	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☒ DEEP- WELL ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other <u>SEP 20 1972</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Anadarko Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 67 Loco Hills, New Mexico 88250		8. FARM OR LEASE NAME Federal "L"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310'FWL & 1290'FWL At top prod. interval reported below Sec. 31, T 17S, R 30 E At total depth Eddy County, New Mexico		9. WELL NO. 2	
14. PERMIT NO.		13. STATE New Mexico	
15. DATE SPUDDED		12. COUNTY OR PARISH Eddy	
16. DATE T.D. REACHED		10. FIELD AND POOL, OR WILDCAT Loco Hills	
17. DATE COMPL. (Ready to prod.) 9-11-72		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 31-17-30	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3550 GL		19. ELEV. CASINGHEAD 3546	
20. TOTAL DEPTH, MD & TVD 3026		21. PLUG, BACK T.D., MD & TVD 3018	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3002-12 Grayburg Zone 6 (Premier Sand)		25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-Acoustic		27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24	600	10"
7"	20	2687	8"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
4 1/2"	2632	3025	100
31. PERFORATION RECORD (Interval, size and number) 3002-12 .42" 20 holes		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
33.* PRODUCTION		33.* PRODUCTION	
DATE FIRST PRODUCTION 9-11-72		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump	
WELL STATUS (Producing or shut-in) Producing		DATE OF TEST 9-15-72	
HOURS TESTED 24		CHOKE SIZE 22	
PROD'N. FOR TEST PERIOD 10.1		OIL—BBL. 49 (load)	
GAS—MCF. 458-1		WATER—BBL. 37.2	
FLOW. TUBING PRESS.		OIL GRAVITY-API (CORR.)	
CASING PRESSURE		37.2	
CALCULATED 24-HOUR RATE		TEST WITNESSED BY	
OIL—BBL.		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Fuel	
GAS—MCF.		35. LIST OF ATTACHMENTS GR-Acoustic Logs (2)	
WATER—BBL.		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
OIL GRAVITY-API (CORR.)		Original signed by D. R. Layton	
37.2		SIGNED D. R. Layton	
TEST WITNESSED BY		TITLE Area Supervisor	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Fuel		DATE 15 September 1972	
35. LIST OF ATTACHMENTS GR-Acoustic Logs (2)		* (See Instructions and Spaces for Additional Data on Reverse Side)	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
Original signed by D. R. Layton			
SIGNED D. R. Layton			
TITLE Area Supervisor			
DATE 15 September 1972			

* (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.), formations, 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 in 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 99, and in the interval, or intervals, top(s), bottom(s), and center(s).

Item 25: Indicate whether the well is completed in accordance with Federal requirements. Consult local State regulations.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the additional interval 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.)

37. SUMMARY OF POROUS ZONES: 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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH