

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-1

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other Wtr Inj. Well		5. LEASE DESIGNATION AND SERIAL Las Cruces 029426 (	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other Dual Wtr. Inj. Well		6. IF INDIAN, ALLOTTEE OR TRIBE	
2. NAME OF OPERATOR Sinclair Oil & Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico, 88240		8. FARM OR LEASE NAME H. E. West "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' fr South line and 1980' fr West line of Section 4-T178-R31E, Eddy Co., New Mexico At top prod. interval reported below At total depth		9. WELL NO. 11	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 12-26-53		16. DATE T.D. REACHED 2-23-54	
17. DATE COMPL. (Ready to prod.) 2-23-54 to Inj.		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3920 DF	
19. ELEV. CASINGHEAD		12. COUNTY OR PARISH Eddy	
20. TOTAL DEPTH, MD & TVD 3574'		13. STATE New Mexico	
21. PLUG, BACK T.D., MD & TVD		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
22. IF MULTIPLE COMPL., HOW MANY RECEIVED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 4-T178-R31E	
23. INTERVALS DRILLED BY ROTARY TOOLS		12. COUNTY OR PARISH Eddy	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Water Injection Well		13. STATE New Mexico	
25. WAS DIRECTIONAL SURVEY MADE Yes		14. PERMIT NO.	
26. TYPE ELECTRIC AND OTHER LOGS RUN O. C. C. ARTESIA OFFICE		DATE ISSUED	
27. WAS WELL CORED No		15. DATE SPUDDED 12-26-53	
28. CASING RECORD (Report all strings set in well)		16. DATE T.D. REACHED 2-23-54	
29. LINER RECORD		17. DATE COMPL. (Ready to prod.) 2-23-54 to Inj.	
30. TUBING RECORD		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3920 DF	
31. PERFORATION RECORD (Interval, size and number)		19. ELEV. CASINGHEAD	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		20. TOTAL DEPTH, MD & TVD 3574'	
33. PRODUCTION		21. PLUG, BACK T.D., MD & TVD	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		22. IF MULTIPLE COMPL., HOW MANY RECEIVED	
35. LIST OF ATTACHMENTS		23. INTERVALS DRILLED BY ROTARY TOOLS	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Water Injection Well	
SIGNED [Signature]		25. WAS DIRECTIONAL SURVEY MADE Yes	
TITLE District Superintendent		26. TYPE ELECTRIC AND OTHER LOGS RUN O. C. C. ARTESIA OFFICE	
DATE 9-24-64		27. WAS WELL CORED No	

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

Orig & 4cc: OGC, RFS, cc: file

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 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	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH