

NMOCC COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

Copy to 57

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input checked="" type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input checked="" type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input checked="" type="checkbox"/>	Other _____
2. NAME OF OPERATOR Atlantic Richfield Company ✓						RECEIVED	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240						MAY 16 1978	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FSL & 1980' FEL (Unit letter J) At top prod. interval reported below as above At total depth as above						O. C. C. ARTESIA, OFFICE	
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH Eddy		13. STATE N.M.	
15. DATE SPUDDED 10/7/77	16. DATE T.D. REACHED 11/2/77	17. DATE COMPL. (Ready to prod.) Dry		18. ELEVATIONS (DF, RKB, RT, GE, ETC.)* 3702' GR		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 5100'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY → 3528-5100'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN DLL & CNL-FD w/Caliper						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	
No change							
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	DEPTH SET (MD)
					None		
31. PERFORATION RECORD (Interval, size and number) None				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
				None			
33.* PRODUCTION							
DATE FIRST PRODUCTION Dry		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in) TA	
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 Dist. Drlg. Supt.			DATE 5/11/78		

\*(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.), 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": Attach 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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			DST #1 - Paddock 4660-4750'. TO @ 6:55 AM 10/31/77 for 15 mins preflow. Op w/weak blow, incr to good blow. Closed tool @ 7:10 AM for 1 hr SI. TO @ 8:10 AM for 2 hr FP w/weak blow, incr to good blow. Closed tool @ 10:10 AM for 4 hr FSIP, rel pkr, POH. Rec 224' DF, 52' fm wtr, no oil or gas. 105° BHT. IHMP 2070, IFP 60-85, ISIP 1731, FFP 85-160, FSIP 1819, FHMP 2070. Sample chamber rec 1850 cc wtr, 60,000 ppm, no oil, no gas.	Glorietta Paddock	4558' 4615'	