

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 ☐ GAS WELL ☐ DRY ☐ Other Water Injection				5. LEASE DESIGNATION AND SERIAL NO. Los Cruces 039426 (b)																																					
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESVR. ☐ Other E				6. IF INDIAN, ALLOTTEE OR TRIBE NAME																																					
2. NAME OF OPERATOR SINCLAIR OIL CORPORATION SINCLAIR OIL & Gas Company				7. UNIT AGREEMENT NAME																																					
3. ADDRESS OF OPERATOR Box 1920, Hobbs, New Mexico, 88240				8. FARM OR LEASE NAME H. E. West #3																																					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' fr N line and 660' fr W line At top prod. interval reported below At total depth				9. WELL NO. 10																																					
14. PERMIT NO. DATE ISSUED 7-12-64 Inject 3850 DF				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson																																					
15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 7-12-64 Inject				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 9-17S-31E NMPN																																					
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3850 DF				12. COUNTY OR PARISH Eddy																																					
19. ELEV. CASINGHEAD				13. STATE New Mexico																																					
20. TOTAL DEPTH, MD & TVD 3623'		21. PLUG, BACK T.D., MD & TVD 3498'		22. IF MULTIPLE COMPL., HOW MANY*																																					
23. INTERVALS DRILLED BY 0		ROTARY TOOLS 0		CABLE TOOLS 3423'																																					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Injection Well				25. WAS DIRECTIONAL SURVEY MADE No																																					
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma-Neutron (Water) Collar				27. WAS WELL CORED No																																					
28. CASING RECORD (Report all strings set in well) <table border="1"><thead><tr><th>CASING SIZE</th><th>WEIGHT, LB./FT.</th><th>DEPTH SET (MD)</th><th>HOLE SIZE</th><th>CEMENTING RECORD</th><th>AMOUNT PULLED</th></tr></thead><tbody><tr><td>8-5/8"</td><td>24#</td><td>642'</td><td rowspan="2">JUL 20 1964</td><td>100 Sacks</td><td></td></tr><tr><td>7"</td><td>20#</td><td>3097'</td><td>200 Sacks</td><td></td></tr></tbody></table> O. C. C.						CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	8-5/8"	24#	642'	JUL 20 1964	100 Sacks		7"	20#	3097'	200 Sacks																				
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31. PERFORATION RECORD (Interval, size and number) Jet perf. w/112-3/8" holes, 2 holes per. ft. Los Hills 3161-3167' Vacuum 3410-16' Matex 3209-3215' 3429-35' Sq. Lake 3242-3252' Premier 3302-3305', 3331-3334', 3346-3356', 3358-3361' and 3364-3367'.																																									
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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 [Signature]		TITLE District Superintendent		DATE 7-14-64																																					

*(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": 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	TRUE VERT. DEPTH