

ARTESIA OFFICE COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved
Bureau of Reclamation

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐
 2. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESV. ☐ Other ☐

3. NAME OF OPERATOR
General American Oil Company of Texas4. ADDRESS OF OPERATOR
P. O. Box 416 Loco Hills, New Mexico 882555. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1980' FSL and 1980' FEL, Sec 17, T17S, R30E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED **4-2-72** 16. DATE T.D. REACHED **4-11-72** 17. DATE COMPL. (Ready to prod.) **4-21-72** 18. ELEVATIONS (OF, RES, RTD, etc.) **3671' GL**19. TOTAL DEPTH, MD & TVD **3700'** 20. PLUG BACK T.D., MD & TVD **3694'** 21. IF MULTIPLE COMPL., HOW MANY? **1** 22. INTERVALS DRILLED BY **1**23. PRODUCING INTERVAL(S), OF THIS COMPLETION: TOP, BOTTOM, NAME (MD AND TVD)*
2494'-3648' Grayburg & San Andres24. TYPE ELECTRIC AND OTHER LOGS RUN
SWN G.R. and Caliper

25. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
8-5/8"	200	497' KB	12-1/4"	100 sacks
4-1/2"	9.50	3700' KB	7-7/8"	650 sacks

26. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
2" EYE				

27. ACID, SHOT, FRACTURE, CEMENT, GREASE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND TYPE
* See Reverse Side	

28. DATE FIRST PRODUCTION **4-21-72** 29. PRODUCT (oil, gas, water, etc.) **Pumping**30. DATE OF TEST **4-21-72** 31. HOURS TESTED **24** 32. TEST SIZE **211** 33. TEST PERIOD **211**

34. FLOW, TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL, BBL., GAS, MCF., WATER, BBL., GAS, MCF.

FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL, BBL.	GAS, MCF.	WATER, BBL.	GAS, MCF.
	3754		211	350	200 Lead	

35. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Not Connected.**36. LIST OF ATTACHMENTS
Logs and Deviation Survey37. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.
SIGNED **W. E. Stalter** TITLE **District Superintendent** DATE **4-21-72**

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

Form approved
Bureau of Reclamation
LC-000027
6. IF IN USE, ALTERNATE OR OTHER NAME
7. UNIT AND ELEMENT
8. WELL NAME
9. WELL LOCATION
10. FIELD AND PROD. LOG
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