

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 _____
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Anadarko Production Company

3. ADDRESS OF OPERATOR

P. O. Box 67, Loco Hills, New Mexico 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

**990' FSL and 330' FWL of Section 21,
T. 17-S, R. 30-E, Eddy County, N.M.**

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED **6-15-72** 16. DATE T.D. REACHED **6-19-72** 17. DATE COMPL. (Ready to prod.) **6-28-72** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **3633' GR** 19. ELEV. CASINGHEAD **3632'**

20. TOTAL DEPTH, MD & TVD **3000'** 21. PLUG, BACK T.D., MD & TVD **2965'** 22. IF MULTIPLE COMPL., HOW MANY* **2** 23. INTERVALS DRILLED BY **0 - 3000** 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* **2702 - 2946' Grayburg** 25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR - Density

27. WAS WELL CORED

No

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

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	482'	12 1/4"	150 sacks	0
5 1/2"	14#	2980'	7 7/8"	450 sacks	0

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	2955'	—

31. PERFORATION RECORD (Interval, size and number)

2702-14	.45	24	2880-84	.45	16
2806-12	.45	12	2930-36	.45	12
2816-20	.45	8	2942-46	.45	8

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2702 - 14	1000 acid, 35,000 gallons
2806-20	galled water, 35,000# sand
2880-84	in each interval
2942-46	

33.*

PRODUCTION

DATE FIRST PRODUCTION **6-22-72** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Pump** WELL STATUS (Producing or shut-in) **Producing**

DATE OF TEST **6-30-72** HOURS TESTED **24** CHOKE SIZE _____ PROD'N. FOR TEST PERIOD **→** OIL—BBL. **108** GAS—MCF. **170** WATER—BBL. **120 (Load)** GAS-OIL RATIO **1570 - 1**

FLOW. TUBING PRESS. _____ CASING PRESSURE _____ CALCULATED 24-HOUR RATE **→** OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ OIL GRAVITY-API (CORR.) **87**

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Fuel and Vented

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

Original signed by

SIGNED **D. R. Layton**TITLE **Area Supervisor**DATE **June 30, 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 both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number 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 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 of electric logs, and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult the 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 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, adequate 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.

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	TOI MEAS. DEPTH	
GRAYBURG						
Loce Hills	2702	2774	Gray Sandstone - Oil	Top Salt	530	
Meter	2806	2820	Gray Sandstone - Oil	Base Salt	1080	
Premier	2880	2884	Gray Sandstone - Oil	Fansill	1130	
Premier	2930	2946	Gray Sandstone - Oil	Tates	1240	
				Seven Rivers	1560	
				Queen	2200	
				Grayburg	2610	
				San Andres	2940	