

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 ☐	
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. CSEVR ☐
2. NAME OF OPERATOR Kewanee Oil Company						
3. ADDRESS OF OPERATOR P. O. Box 3786, Odessa, Texas 79760						
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface Unit C, 990' from North Line and 1980' from West Line of Section 12, T-17S, R-29E, Eddy County, New Mexico At top prod. interval reported below At total depth						
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH Eddy		
15. DATE SPUDDED 5-30-73		16. DATE T.D. REACHED 6-08-73		13. STATE New Mexico		
17. DATE COMPL. (Ready to prod.) 6-25-73		18. ELEVATIONS (DF, RKB, RT, GR ETC.)* 3652' G.R.		19. ELEV. CASINGHEAD 3650.5'		
20. TOTAL DEPTH, MD & TVD 2601'		21. PLUG, BACK T.D., MD & TVD 2586'		22. IF MULTIPLE COMPL., HOW MANY*		
23. INTERVALS DRILLED BY		ROTARY TOOLS 0-2601		CABLE TOOLS -		
24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2537' to 2571'				25. WAS DIRECTIONAL SURVEY MADE Yes		
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Neutron				27. WAS WELL CORRED No		
28. CASING RECORD (Report all strings set in well)						
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	
8-5/8"	24#	502.30'	12-1/4"	200 sacks	None	
5-1/2"	14#	2596.65'	7-7/8"	525 sacks	None	
29. LINER RECORD						
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)		
None						
30. TUBING RECORD						
SIZE	DEPTH SET (MD)	PACKER SET (MD)				
2-3/8"	2560'	-				
31. PERFORATION RECORD (Interval, size and number) Perforated w/1-1/2" bullet @ 2537, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 70, and 2571'						
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.						
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED				
2537-71		1000 Gals. 15% HCL Acid				
2537-71		5000 Gals. Gelled Brine Water & 5000# sand				
33. PRODUCTION						
DATE FIRST PRODUCTION 6-26-73		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping			WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 6-27-73	HOURS TESTED 24	CHOKE SIZE 2"	PROD'N. FOR TEST PERIOD 26	OIL—BBL. TSTM	GAS—MCF. 175	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE 26	OIL—BBL. TSTM	GAS—MCF. 175	WATER—BBL. 38.1	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY 7-13-73	
35. LIST OF ATTACHMENTS Gamma Ray-Neutron Log						
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records						
SIGNED E. J. Strubland		TITLE District Manager		DATE 7-6-73		

*(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
Red Bed	0	413	Grayburg Loco Hills Metex	2355	(+1297)
Salt & Red Bed	413	1250		2498	(+1154)
Anhydrite	1250	1510		2536	(+1116)
Lime & Anhydrite	1510	2250			
Anhydrite	2250	2360			
Lime & Anhydrite	2360	2485			
Lime	2485	2601			
Total Depth		2601			
PBTD		2586			