

EXPLORATION
EVALUATION

ROBERT G. COX
CERTIFIED PROFESSIONAL GEOLOGIST
Petroleum Consultant
4230 ~~XXXXXXXXXXXXXXXXXXXX~~ LBJ Freeway #409
PHONE: ~~XXXXXXXXXX~~ 214-387-3385
DALLAS, TEXAS ~~75201~~ 75234

PRODUCTION
APPRAISALS

September 2, 1975

RECEIVED

SEP 25 1975

U.S.G.S.
Department of the Interior
P. O. Drawer U
Artesia, New Mexico 88210

O. C. C.
ARTESIA, OFFICE

Re: Completion Report
Robert G. Cox
#1 Federal "EA"
Sec. 12, T-18-S, R-27-E
Eddy County, New Mexico

Attn: Mr. James Knauf
Mr. Leon Beakman

Dear Sirs:

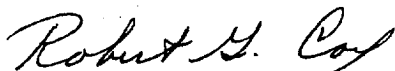
Enclosed are six copies of Form 9-330 with attachments.

The well was placed on pump Saturday afternoon for extended pump test, but during the night rods parted. Workover rig is currently pulling and replacing bad rods. I will render a subsequent report as soon as we have stabilized production.

As soon as I receive the Engineer's report I will submit you a detailed Sundry Reports Form on Drilling and Completion Activity.

With kindest regards,

Very truly yours,



Robert G. Cox
Geologist

RGC:pm
Attachments
cc: Participants

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 _____		5. LEASE DESIGNATION AND SERIAL NO. NM 6852	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR Robert G. Cox		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR 4230 LBJ Freeway, Dallas, Texas 75234		8. FARM OR LEASE NAME Federal 'EA'	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FNL & 330' FWL At top prod. interval reported below 8' FWL & 58' FNL At total depth 8' FWL & 58' FNL		9. WELL NO. #1	
14. PERMIT NO. _____ DATE ISSUED 4/15/75		10. FIELD AND POOL, OR WILDCAT Empire Abo	
15. DATE SPUDDED 7-8-75		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 12, T-18-S R-27-E	
16. DATE T.D. REACHED 7-31-75		12. COUNTY OR PARISH Eddy	
17. DATE COMPL. (Ready to prod.) 8-29-75		13. STATE New Mexico	
18. ELEVATIONS (DP, RKB, RT, GR, ETC.)* 3609' GL - 3620' KB		19. ELEV. CASINGHEAD 3612	
20. TOTAL DEPTH, MD & TVD 6220' MD/6189' TVD		21. PLUG, BACK T.D., MD & TVD 6219'	
22. IF MULTIPLE COMPL., HOW MANY* Single		23. INTERVALS DRILLED BY 6220'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6212'-16' (6181'-85') Abo Formation		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, Compensated Density & Gamma Ray/Neutron		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"		1492'	12 3/4"
5 1/2"	15.5	6219'	7 7/8"
CEMENTING RECORD		AMOUNT PULLED	
850 SXS		None	
150 SXS		None	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD		PACKER SET (MD)	
SIZE	DEPTH SET (MD)		
2 3/8"	6216'		
31. PREPARATION RECORD (Interval, size and number)			
6208'-18' w/2 jet shots/ft. (plugged off)			
6162'-70' w/2 jet shots/ft.			
6120'-30' w/2 jet shots/ft.			
6212'-16' w/2 jet shots/ft.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
6208'-18'		3000 gal. Dow 15% BDA	
6162'-70'		10,000 " " " " Reg.	
6120'-30'		2000 " " " " " "	
6212'-16'		2000 " " " " " "	
33. PRODUCTION			
DATE FIRST PRODUCTION 8-11-75		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping - HF 2"x1 1/2"x16' Metal to Metal Plunger	
DATE OF TEST 8-29-75		WELL STATUS (Producing or shut-in) Producing	
HOURS TESTED 6	CHOKE SIZE -	PROD'N. FOR TEST PERIOD 23	GAS-OIL RATIO 900-1 (est.)
FLOW. TUBING PRESS. -	CASING PRESSURE 180	OIL—BBL. 92	WATER—BBL. 160
CALCULATED 24-HOUR RATE 92		OIL GRAVITY-AP1 (CORR.) 44	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented		TEST WITNESSED BY D. L. Benscoter R. V. Ratta	
35. LIST OF ATTACHMENTS 2 copies each Evaluation Logs & Surveys			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Robert G. Cox		TITLE Operator	
		DATE 8-30-75	

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