ROBERT G. COX
CERTIFIED PROFESSIONAL GEOLOGIST
Petroleum Consultant

EXPLORATION
EVALUATION

4230 [redacted] LBJ Freeway #409
PHONE: [redacted] 214-387-3385
DALLAS, TEXAS [redacted] 75234

PRODUCTION
APPRAISALS

September 2, 1975

RECEIVED
SEP 25 1975
O. C. C.
ARTESIA, OFFICE

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

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

Robert G. Cox
Geologist

RGC:pm
Attachments
cc: Participants

Form 9-330
(Rev. 5-63)

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*

5. LEASE DESIGNATION AND SERIAL NO.: NM 6852

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Federal 'EA'

9. WELL NO.: #1

10. FIELD AND POOL, OR WILDCAT: Empire Abo

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 12, T-18-S R-27-E

12. COUNTY OR PARISH: Eddy

13. STATE: New Mexico

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

2. NAME OF OPERATOR: Robert G. Cox

3. ADDRESS OF OPERATOR: 4230 LBJ Freeway, Dallas, Texas 75234

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

14. PERMIT NO.:

DATE ISSUED: 4/15/75

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
7-8-75	7-31-75	8-29-75	3609'GL - 3620'KB	3612

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
6220'MD/6189'TVD	6219'	Single	→	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	CEMENTING RECORD	AMOUNT PULLED
8 5/8"		1492'	12 3/4"	850 sxs	None
5 1/2"	15.5	6219'	7 7/8"	150 sxs	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	6216'	-

31. PERFORATION 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	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
8-11-75	Pumping - HF 2"x1½"x16' Metal to Metal Plunger	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-29-75	6	-		23	Negligible	77	900-1 (est.)

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
-	180		92	Not Meas.	160	44

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

TEST WITNESSED BY: D. L. Benscoter, R. V. Ratts

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)