

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC 028772 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

S. FARM OR LEASE NAME

9. WELL NO.

224

10. FIELD AND POOL, OR WILDCAT

Articles

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

12. COUNTY OR
PARISH

13. STATE

New Mexico

19. ELEV. CASINGHEAD

3613

ROTARY TOOLS	CABLE TOOLS
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0-2912

25. WAS DIRECTIONAL SURVEY MADE	
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	No
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27. WAS WELL CORED

No

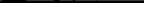
CASING RECORD (*Report all strings set in well*)

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					None		

31. PERFORATION RECORD (*Interval, size and number*)

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

TIME	INTERVAL (MIN)	AMOUNT AND KIND OF MATERIAL USED
10:00	10	100g of material A
10:10	10	100g of material B
10:20	10	100g of material C
10:30	10	100g of material D
10:40	10	100g of material E
10:50	10	100g of material F
11:00	10	100g of material G
11:10	10	100g of material H
11:20	10	100g of material I
11:30	10	100g of material J
11:40	10	100g of material K
11:50	10	100g of material L
12:00	10	100g of material M
12:10	10	100g of material N
12:20	10	100g of material O
12:30	10	100g of material P
12:40	10	100g of material Q
12:50	10	100g of material R
13:00	10	100g of material S
13:10	10	100g of material T
13:20	10	100g of material U
13:30	10	100g of material V
13:40	10	100g of material W
13:50	10	100g of material X
14:00	10	100g of material Y
14:10	10	100g of material Z
14:20	10	100g of material AA
14:30	10	100g of material AB
14:40	10	100g of material AC
14:50	10	100g of material AD
15:00	10	100g of material AE
15:10	10	100g of material AF
15:20	10	100g of material AG
15:30	10	100g of material AH
15:40	10	100g of material AI
15:50	10	100g of material AJ
16:00	10	100g of material AK
16:10	10	100g of material AL
16:20	10	100g of material AM
16:30	10	100g of material AN
16:40	10	100g of material AO
16:50	10	100g of material AP
17:00	10	100g of material AQ
17:10	10	100g of material AR
17:20	10	100g of material AS
17:30	10	100g of material AT
17:40	10	100g of material AU
17:50	10	100g of material AV
18:00	10	100g of material AW
18:10	10	100g of material AX
18:20	10	100g of material AY
18:30	10	100g of material AZ
18:40	10	100g of material BA
18:50	10	100g of material BB
19:00	10	100g of material BC
19:10	10	100g of material BD
19:20	10	100g of material BE
19:30	10	100g of material BF
19:40	10	100g of material BG
19:50	10	100g of material BH
20:00	10	100g of material BI
20:10	10	100g of material BJ
20:20	10	100g of material BK
20:30	10	100g of material BL
20:40	10	100g of material BM
20:50	10	100g of material BN
21:00	10	100g of material BO
21:10	10	100g of material BP
21:20	10	100g of material BQ
21:30	10	100g of material BR
21:40	10	100g of material BS
21:50	10	100g of material BT
22:00	10	100g of material BU
22:10	10	100g of material BV
22:20	10	100g of material BW
22:30	10	100g of material BX
22:40	10	100g of material BY
22:50	10	100g of material BZ
23:00	10	100g of material CA
23:10	10	100g of material CB
23:20	10	100g of material CC
23:30	10	100g of material CD
23:40	10	100g of material CE
23:50	10	100g of material CF
00:00	10	100g of material CG
00:10	10	100g of material CH
00:20	10	100g of material CI
00:30	10	100g of material CJ
00:40	10	100g of material CK
00:50	10	100g of material CL
01:00	10	100g of material CM
01:10	10	100g of material CN
01:20	10	100g of material CO
01:30	10	100g of material CP
01:40	10	100g of material CQ
01:50	10	100g of material CR
02:00	10	100g of material CS
02:10	10	100g of material CT
02:20	10	100g of material CU
02:30	10	100g of material CV
02:40	10	100g of material CW
02:50	10	100g of material CX
03:00	10	100g of material CY
03:10	10	

33.*		
		
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing or lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
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FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
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34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.)	TEST WITNESSED BY
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35 LIST OF DOCUMENTS

6. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

DESIGNED BY [Signature] TITLE District Engineer DATE 12-11-63

***(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 38, 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	DESCRIPTION, CONTENTS, ETC.
Melex - sd.	2497	2520	Slight show of gas w/much water
Premier - sd.	2612	2690	Fair show of oil - 1 hour ball test @ 2609' recovered 1 quart oil
San Andres - Dolis -	2690	2840	1 Hour ball test @ 2825' recovered 3 gal. oil
Lovington - sd.	2840	2866	2 Hour ball test @ 2860' recovered 3 qts. oil

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Base Salt	795	
Top Cullen	1940	
Top Grayburg	2304	
Top San Andres	2690	
Top Lovington Sand	2840	

APPROVED
FEB 11 1963
U.S. DEPT. OF THE INTERIOR
BUREAU OF LAND MANAGEMENT