

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPL. FE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.copy to
57.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	DRY ☐	Other Water Injection		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR R. C. Davoust Company						5. LEASE DESIGNATION AND SERIAL NO. LC 062029	
3. ADDRESS OF OPERATOR 306 Wilkinson-Foster Building, Midland, Texas						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 5' from S.L. & 2635' from E.L. SW 1/4 of SE 1/4 At top prod. interval reported below At total depth Same						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						8. FARM OR LEASE NAME Brainard Tract 3	
DATE ISSUED						9. WELL NO. 8-10	
15. DATE SPUDDED 3-21-64						10. FIELD AND POOL, OR WILDCAT Turkey Track	
16. DATE T.D. REACHED 3-25-64						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 34, T-18-S, R-29-E, NMP	
17. DATE COMPL. (Ready to pump) 4-21-64						12. COUNTY OR PARISH Eddy	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3410 KB						13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 2429' KB		21. PLUG, BACK T.D., MD & TVD 2148' KB		22. IF MULTIPLE COMPL., HOW MANY* No		19. ELEV. CASINGHEAD 3400 GL	
23. INTERVALS DRILLED BY TO T.D.						24. WAS DIRECTIONAL SURVEY MADE Yes	
25. WAS WELL CORRED Yes						26. TYPE ELECTRIC AND OTHER LOGS RUN Sonic-Gamma Ray, Laterolog, Microlaterolog	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
7"		23		429 KB		8 5/8"	
4 1/2"		9.5		2091 KB		6 1/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
31. PERFORATION RECORD (Interval, size and number) 2101' to 2106', 1/2" jets, 4/foot							
32. PROD. RECORD. SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED							
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in) Water Injection	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS Log follows Sonic Gamma Ray, Laterolog, Microlaterolog, Movable Oil Plot							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		Original Signed by Wm. E. Fickert		TITLE		DATE 4-23-64	
H. L. BAKER				Agent for R. C. Davoust			
ACTING DISTRICT							

*(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 36.

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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Queen	2092'	2124'	No Core Analysis See Movable Oil Plot Log	Yates	1215'	Same
Grayburg	2240'	2225'	No analysis, See Movable Oil Plot Log	Seven Rivers	1550'	Same
				Queen	2092'	Same