

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Copy to 51
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 Water Injection		5. LEASE DESIGNATION AND SERIAL NO. 10-039413-a	
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 WILLIAM A. & EDWARD R. HUDSON		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 302 CARPER BUILDING, ARTESIA, NEW MEXICO		8. FARM OR LEASE NAME Puckett "A"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2615' from South and 1343' from West Line of Sec. 24-178-31E At top prod. interval reported below At total depth		9. WELL NO. 27	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED July 22, 1964		16. DATE T.D. REACHED Aug. 23, 1964	
17. DATE COMPL. (Ready to prod.) Aug. 30, 1964		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3888 DF	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 3903	
21. PLUG, BACK T.D., MD & TVD 3900		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3640-3881		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN 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"	24# J-55	604	11"
5-1/2"	15.5# J-55	3902	8"
		CEMENTING RECORD	
		100 ex.	
		190 ex. 4 1/2 gal regular	
		+ 190 ex. Neat regular.	
		AMOUNT PULLED	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-3/8"	3580		
31. PERFORATION RECORD (Interval, size and number)			
3640-52			
3649-84 1/2			
3876-81 with 4 jet shots/ft.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3640-84 1/2		2,000 gals.	
3876-81		2,000 gals.	
33.* PRODUCTION			
DATE FIRST PRODUCTION Aug. 28, 1964		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Swab	
DATE OF TEST Aug. 30, 1964		WELL STATUS (Producing or shut-in) Injection	
HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL. 24
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	GAS—MCF.
			WATER—BBL.
			GAS-OIL RATIO
			OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY Oct 29 1964			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.			
SIGNED [Signature]		TITLE Consulting Engineer.	
		DATE Oct. 27, 1964	

*(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 L. L.		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH TOP	TRUE VERT. DEPTH
Sam Andreas	3440	3452	Dolomite	Rustler Ashy.		537
	3469	3486 1/2	Dolomite	T. Salt		700
	3476	3481	Dolomite	B. Salt		1715
				Red Sand		2842
				Sam Andreas		3400