

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.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030429

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

West Loco Hills Unit

8. FARM OR LEASE NAME

Tract 3

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Loco Hills

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

Sec. 12 - 18S - 29E - NMPM

12. COUNTY OR
PARISH

Eddy

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION:

NEW
WELL ☒WORK
OVER ☐DEEP-
EN ☐PLUG
BACK ☐DIFF.
RESVR. ☐Other ☐

AUG 12 1965

2. NAME OF OPERATOR

Newmont Oil Company

3. ADDRESS OF OPERATOR

Room 303, First National Bank Building, Artesia, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 990' FWL & 1650' FWL of Sec. 12; T-18-S, R-29-E

At top prod. interval reported below

At total depth

Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

7-8-65

16. DATE T.D. REACHED

7-14-65

17. DATE COMPL. (Ready to prod.)

7-25-65

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3517

19. ELEV. CASINGHEAD

3518

20. TOTAL DEPTH, MD & TVD

2747 MD

21. PLUG, BACK T.D., MD & TVD

2740

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0 to 2747

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

2675-95 Loco Hills #4 Sand

25. WAS DIRECTIONAL
SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma-Ray - Sonic

27. WAS WELL CORRED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
7 5/8"	2	401	10"	50 ska
4 1/2"	9.5	2740	7 7/8"	100 ska.

RECEIVED

AUG 11 1965

U. S. GEOLOGICAL SURVEY

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

ARTESIA, NEW MEXICO

31. PERFORATION RECORD (Interval, size and number)

1 MCF-2 shot per foot at 2674, 77, 79, 81, 83,
85, 86, 89, 91, 94

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2690	1000 gal. acid 17,000# of 10/20 sand, 4500# of 8/12 sand and 1040 bbls. water.

33.* PRODUCTION

DATE FIRST PRODUCTION 7-25-65 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping WELL STATUS (Producing or shut-in)

DATE OF TEST 7-25/65 HOURS TESTED 24 CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. 3 GAS—MCF. WATER—BBL. -0- GAS-OIL RATIO

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.)

Valley Gas Corporation

TEST WITNESSED BY

D.W. Berry

35. LIST OF ATTACHMENTS

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

ORIGINAL SIGNED BY

SIGNED H. J. LEDBETTER

TITLE Division Superintendent

DATE August 9, 1965

*(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		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Base Salt Yates Bowers Queen Grayburg Loco Hills	998 1197 1983 2193 2557 2674	