

copy to P.T.

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.

WELL COMPLETION OR RECOMPLETION REPORT AND RECEIVED

1a. TYPE OF WELL:		OIL WELL ☒ WELL ☐ DRY ☐ Other ☐	
b. TYPE OF COMPLETION:		NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. ☐ Other ☐	
2. NAME OF OPERATOR O.P.C.C. Inc. ✓			
3. ADDRESS OF OPERATOR O.P.C.C. ARTERIA, OFFICE Suite 204, First National Bank Bldg, Artesia, New Mexico			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL and 660' FEL, Section 11 At top prod. interval reported below At total depth same			
14. PERMIT NO.		DATE ISSUED	
same			
15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*
5-17-66	5-21-66	6-13-66	3630 (RT)
20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY	23. INTERVALS DRILLED BY
2545	2645		0-2645
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD & TVD) 2534 to 2536, Grayburg Gammie Ray & Density			25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN Gammie Ray & Density			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	163	11
8 5/8	26	422	11
5 1/2	17	1253	7 7/8
5 1/2	15.5	2645	7 7/8
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
			SIZE
			DEPTH SET (MD)
			PACKER SET (MD)
			2 3/8
			2540
			None
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
2534 to 2536 and 2540 to 2545 with 1 JS/F		DEPTH INTERVAL (MD)	
		2534 to 2545	
		AMOUNT AND KIND OF MATERIAL USED	
		Sand-oil fraced with 50,000 lbs. sand and 980 barrels oil.	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
5-12-66		Pumping	
WELL STATUS (Producing or shut-in)		Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
6-11-66	24	---	14
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
---	---	---	14
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY	
Sold			
35. LIST OF ATTACHMENTS			
Electric Log and Deviation Tests.			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>J. M. Strader</i>		TITLE District Engineer	
DATE June 14, 1966			

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Grayburg	2534	2545	Oil and Water	Queen	1853'	
				Grayburg	2245'	
				San Andres	2600	