Form 9-330
(Rev. 5-63)

RECEIVED
MAY 27 1969
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

I. M. O. C. C.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

RECEIVED
MAY 28 1969
O. C. C.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.: NM 025503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Ginsberg Federal

9. WELL NO.: 3

10. FIELD AND POOL, OR WILDCAT: Undes. Shugart - ~~Queen~~

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 25-18S-30E

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

2. NAME OF OPERATOR: Hanson Oil Company

3. ADDRESS OF OPERATOR: P. O. Box 1515, Roswell, New Mexico, 88201

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 660' FNL & ~~330~~ 1830' FEL
At top prod. interval reported below: Sec. 25, T-18-S, R-30-E
At total depth: Eddy County, New Mexico

14. PERMIT NO. — DATE ISSUED

12. COUNTY OR PARISH: Eddy

13. STATE: New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
4/10/69	5/16/69	5/24/69	3619' GL	3619'

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
3473'	3455'		→		0-3473'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 3364-3386' & 3427-3427'

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: GR-N

27. WAS WELL CORED: No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	28#	774'	12"	205 sx.	None
5 1/2"	15 1/2#	3473'	8"	200 sx.	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	3310'	None

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

1 - 0.50" JPF @ 3364, 3367, 3371, 3374, 3381, 3383, 3386, 3427, 3429, 3431, 3433, 3435 & 3437

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3364-3386	500 acid + 10,000 oil + 15,000 sd.
3437-3427	500 acid + 10,000 oil + 15,000 sd.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
5/24/69	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
5/24/69	24	2"		85	TSTM	0	

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
			85		0	38

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): Vented

TEST WITNESSED BY: R. L. Murdock

35. LIST OF ATTACHMENTS: 2 - GR-N

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

SIGNED [signature] TITLE Manager DATE 5-26-69

*(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.
Red beds	525	535	HFW - did not bailer test
Red beds		600	Increase in water - did not bailer test

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
T. Anhy.	499	
T. Salt	654	
B. Salt	1795	
T. Yates	1990	

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636

N. M. O. C. C. COPY

Copy to S.F.

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 025503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Hanson Oil Company

8. FARM OR LEASE NAME
Ginsberg Federal

3. ADDRESS OF OPERATOR
P. O. Box 1515, Roswell, New Mexico 88201

9. WELL NO.
3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL & 1650' FEL
Sec. 25, T-18-S, R-30-E
Eddy County, New Mexico

10. FIELD AND POOL, OR WILDCAT
Shugart-Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25 - 18S - 30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3619' GL

12. COUNTY OR PARISH
Eddy

13. STATE
N. Mex.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[X]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

5-21-69 Perforated 1 - 0.50" jet per foot @ 3364, 3367, 3371, 3374, 3381, 3383, 3386, 3427, 3429, 3431, 3433, 3435 & 3437'. Ran 3-1/2", N-80 tubing with HOWCO HM straddle packers set at 3298' and 3391'.

5-22-69 Treated limited entry via 3-1/2" tubing, between straddle packers, with 25,000 gallons lease oil, 1000 gallons 15% DS-30 acid, 40,000 lbs. 20-40 sand, 2000 lbs. 10-20 sand and 900 lbs. Adomite Mark II.
Treating Pressure: 4000 minimum, 5300 maximum, 5000 average
I.S.D.P.: 1850# 1st stage; 2000# 2nd stage
Final Shut-in Pressure: 1600 lbs. in 15 min.

RECEIVED
JUL 11 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEX.

18. I hereby certify that the foregoing is true and correct

SIGNED [signature] TITLE Manager DATE July 10, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUL 11 1969
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

RECEIVED
JUL 14 1969
O. C. C.
ARTESIA, OFFICE

*See Instructions on Reverse Side

Copy to S. F.

Form 9-331
(May 1963)

N. M. O. C. C. COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 025503

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SUNDRY NOTICES AND REPORTS ON WELLS

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At surface
660' FNL & 1650' FEL
Sec. 25, T-18-S, R-30-E
Eddy County, New Mexico

10. FIELD AND POOL, OR WILDCAT
Shugart-~~Queen~~

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25 - 18S - 30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3619' GL

12. COUNTY OR PARISH
Eddy

13. STATE
N. Mex.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Running 5½" casing			[X]
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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5-17-69 T.D. 3473' dolomite. Ran 5-1/2", 15-1/2#, J-55 casing at 3473' w/260 sx. Class C + 5 lbs. NaCl per sx. WOC.

5-22-69 P.B.T.D. 3455'. Tested casing at 1200 psi for 1 hr. prior to treatment. No leaks.

RECEIVED
JUL 11 1969
U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED [signature] TITLE Manager DATE July 10, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUL 11 1969
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

N. M. O. C. C.

Copy to S.F.

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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2. NAME OF OPERATOR: Hanson Oil Company

8. FARM OR LEASE NAME: Ginsberg Federal

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10. FIELD AND POOL, OR WILDCAT: Shugart

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 25 - 18S - 30E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3619' GL

12. COUNTY OR PARISH: Eddy

13. STATE: N.M.

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FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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4-17-69 T. D. 774' salt.
Ran used 8-5/8", 28#, J-55 casing @ 774' and cemented with 205 sacks. W.O.C.

4-18-69 T. D. 774' salt. W.O.C.
Tested hole 1 hour with no fillup. Prep. to drill ahead.

RECEIVED
APR 1969
O. C. C.
ARTESIA, OFFICE

APR 22 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED Henry F. Schwand TITLE Manager DATE 4-21-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR 22 1969
A. L. BEEKMA

*See Instructions on Reverse Side