

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 LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	DRY ☐	Other <u>WIW</u>										
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐								
2. NAME OF OPERATOR <u>Newmont Oil Company</u>						7. UNIT AGREEMENT NAME <u>W. Loco Hills G. 4S Ut.</u>									
3. ADDRESS OF OPERATOR <u>P. O. Box 1305, Artesia, New Mexico 88210</u>						8. FARM OR LEASE NAME <u>Tract 8B</u>									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>1310' FNL & 10' FWL of Sec. 15; T-18S; R-29E</u>						9. WELL NO. <u>6</u>									
At top prod. interval reported below						10. FIELD AND POOL, OR WILDCAT <u>Loco Hills</u>									
At total depth						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <u>Sec. 15-18S-29E - NMPM</u>									
14. PERMIT NO.		DATE ISSUED				12. COUNTY OR PARISH		13. STATE							
15. DATE SPUDDED <u>3-28-69</u>		16. DATE T.D. REACHED <u>4-3-69</u>		17. DATE COMPL. (Ready to prod.) <u>4-5-69</u>		18. ELEVATIONS (DF, REB, RT, GB, ETC.)* <u>3498</u>		19. ELEV. CASINGHEAD <u>3499</u>							
20. TOTAL DEPTH, MD & TVD <u>2593'</u>		21. PLUG, BACK T.D., MD & TVD <u>2592'</u>		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY <u>0-2593</u>		ROTARY TOOLS CABLE TOOLS							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>2530-34 & 2538-43'</u>						25. WAS DIRECTIONAL SURVEY MADE <u>Yes</u>									
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>Ran Gamma Ray Density</u>						27. WAS WELL CORRED <u>Yes</u>									
28. CASING RECORD (Report all strings set in well)															
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD							
<u>8 5/8"</u>		<u>20</u>		<u>353</u>		<u>10 3/4</u>		<u>50</u>							
<u>4 1/2"</u>		<u>9.5</u>		<u>2592</u>		<u>7 7/8"</u>		<u>150</u>							
29. LINER RECORD										30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
Perforated 2530-34 & 2538-43 with 2 each NCF II per foot										DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
										<u>2530-34</u>		<u>2100 gals reg. acid</u>			
										<u>2538-43</u>					
33.* PRODUCTION															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		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.)										TEST WITNESSED BY					
35. LIST OF ATTACHMENTS										JUN 5 1969					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records										ARTESIA, OFFICE					
SIGNED <u>Herman J. Lillcutt</u> TITLE <u>Division Superintendent</u>										DATE <u>May 27, 1969</u>					

*(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.)

3423	120	20
------	-----	----

88-6

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORDED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Top Salt				Top Salt		357'
Yates				Yates		1015'
Queen				Queen		2052'
Grayburg				Grayburg		2422'