

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*

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 ☐

2. NAME OF OPERATOR

Marbob Energy Corporation

3. ADDRESS OF OPERATOR

P. O. Box 304, Artesia, N. M. 88210

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

At surface

2310' FNL & 900' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

O. C. C.
ARTESIA, OFFICE

15. DATE SPUDDED

10/13/75

16. DATE T.D. REACHED

10/18/75

17. DATE COMPL. (Ready to prod.)

11/4/75

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

3439 G L

20. TOTAL DEPTH, MD & TVD

3250

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

3243

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

X

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

Queen

3094 - 3173

25. WAS DIRECTIONAL SURVEY MADE

yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Cement Bond log,
Gamma Ray Log, Compensated Neutron-Formation Density, Dual Laterolog,

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"	20#	544'	11	150 ex Class C 2% Calcium Chloride	344'
4 1/2" new	10.5#	3243'		150 ex Halliburton Lite, pozmix, 2% Calcium chloride	200 ex 50/50

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"	3045'	

31. PERFORATION RECORD (Interval, size and number)

3169-3173	.45"	10 shots
3136-3142		12 shots
3094-3096		8 shots
3057-3060		12 shots
2900-2902		8 shots

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3169-3173	500 gal 15% HCL acid
3169-3173	2000 gal 20% HCL acid
2900-3142	2000 gal 15% HCL acid
3094-3142	frac w/ 26000 gal wtr, 18,000# sand and 6,500 # 10/20 sand

33.* 2856-2864
DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

11-4-75

pumping

producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-5-75	24	---	→	60	unknown	---	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
---	20 lbs	→	60	will test	---	15	

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

flare

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

Dorothy Hammond

TITLE

Agent

ARTESIA, NEW MEXICO

DATE

11/10/75

*(See Instructions and Spaces for Additional Data on Reverse Side)

posted
11-14-75

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	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
2850			oil show	Salt	Top 590	base 1390
2900			" "	Yates	" 1575	
2970			" "	Seven R	" 2670	
3060			" "	Queen	" 2834	
3095			" "			
3140			" "			
3170			" "			