

N. M. O. C. C. COMPANY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

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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 ☐

RECEIVED

2. NAME OF OPERATOR
Atlantic Richfield Company

JUL 21 1978

3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240

O. C. C.
ARTESIA OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 2020' FSL & 1390' FEL (Unit letter J)
At top prod. interval reported below
At total depth as shown on Directional Survey

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 5/30/78 16. DATE T.D. REACHED 6/17/78 17. DATE COMPL. (Ready to prod.) 6/25/78 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3636.7' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 6250' 21. PLUG, BACK T.D., MD & TVD 6150' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 10-6250' ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6100-6120' Abo Reef 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN DLL-RXO, FDC-CNL w/Caliper, Sonic-VDL, GR-N 27. WAS WELL CORED No

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" OD	24# K-55	1005'	11"	600 SX	
5-1/2" OD	15.5# K-55	6250'	7-7/8"	1115 SX	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8" OD	6020'	5984'

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
6100-6120' = 2 JSPF (20 - .44"holes)				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
				6100-6120'	61 bbls KCL TW, 300 gals 15% NE acid, 500 gals 10# CaCl wtr, 500 gals LC, 1500 gals 60/40 DAD acid, 18 BLC.

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
6/25/78		Flwg				Prod	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6/27/78	24	48/64"		270	265	0	981:1
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR)	
95#	Pkr		270	265	0	44°	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold TEST WITNESSED BY N. A. Truitt

35. LIST OF ATTACHMENTS

Logs as listed in Item 26 above. Directional Survey & Inclination Report

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

SIGNED N. A. Truitt TITLE Dist. Drlg. Supt. DATE 7/3/78

*(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:				38. GEOLOGIC MARKERS			
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORREL. INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES							
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP		
					MEAS. DEPTH	TRUE VERT. DEPTH	
				Abo	5744'		