

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

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reverse e)Form approved
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
2. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. CESVR. <input type="checkbox"/>	Other RECEIVED
2. NAME OF OPERATOR Atlantic Richfield Company ✓							
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 2400' FNL & 700' FEL (Unit letter H) At top prod. interval reported below as above At total depth as above							
14. PERMIT NO.				DATE ISSUED OCT 25 1978			
15. DATE SPUDDED 9/13/78				16. DATE T.D. REACHED 9/27/78		17. DATE COMPL. (Ready to prod.) 10/12/78	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3650.9' GR		19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6225'			
21. PLUG, BACK T.D., MD & TVD 6163'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-6225'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6100-6120'	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN CNL-FDC, DLL-Micro, SFL-GR-N-Sonic, VDL		27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in)	
Casing Size		Weight, lb./ft.		Depth Set (MD)		Hole Size	
8-5/8" OD		24# K-55		1004'		11"	
5-1/2" OD		15.5# K-55		6222'		7-7/8"	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number) 6100-6120' 2 JSPF = 40 - .46" holes		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Size		Top (MD)		Bottom (MD)		Sacks Cement*	
Screen (MD)		Size		Depth Set (MD)		Packer Set (MD)	
2-3/8" OD		5907'		5911'		33.* PRODUCTION	
DATE FIRST PRODUCTION 10/10/78		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Prod		DATE OF TEST 10/14/78	
HOURS TESTED 24		CHOKE SIZE 36/64"		PROD'N. FOR TEST PERIOD →		OIL—BBL. 307	
GAS—MCF. 208		WATER—BBL. 0		GAS-OIL RATIO 678:1		FLOW. TUBING PRESS. 110#	
CASING PRESSURE Pkr		CALCULATED 24-HOUR RATE →		OIL—BBL. 307		GAS—MCF. 208	
WATER—BBL. 0		OIL GRAVITY-API (CORR.) 44°		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold		TEST WITNESSED BY N. H. Truitt	
35. LIST OF ATTACHMENTS Logs as listed in Item 26 above & Inclination Report.		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED <i>[Signature]</i>		TITLE Dist. Drlg. Supt.	
DATE 10/18/78		* (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: 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
				Abo	5580'