

MOCC COPY UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See struc-  
reversal  
in on  
le)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐  
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

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 1500' FSL &amp; 2130' FEL (Unit letter J)

At top prod. interval reported below

as above

At total depth

as above

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

10/18/78

16. DATE T.D. REACHED

11/3/78

17. DATE COMPL. (Ready to prod.)

11/14/78

18. SLANT, DEPTH, EEB, RT, GR, ETC.)\*

3618.3' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD

6325'

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

6224'

22. IF MULTIPLE COMPL.,  
HOW MANY\*23. INTERVALS  
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

10-6325'

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

6147-6167' Abo Reef

25. WAS DIRECTIONAL  
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR-N, DLL-RXO, CNL-FDC w/Caliper, BHC-VDL

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" OD	24# K-55	998'	11"	740 SX	
5-1/2" OD	15.5# K-55	6325'	7-7/8"	1171 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8" OD	6027'	6027'

31. PERFORATION RECORD (Interval, size and number)

6147-6167' 2 JSPF = 40 - .50" holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6147-6167' 150	gal 15% NL-LST acid, 1000 gal 10#
CaCl	wtr, 1000 gal gelled oil, 1500
gal	15% NE-LST acid flushed w/24 BLC.

33.\*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
11/14/78		Flwg					Prod	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
11/19/78	20 hrs	48/64"	→	159	95	3	571:1	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
75#	Pkr	→	159	95	3	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 &amp; Inclination Report

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

SIGNED

TITLE Dist. Drlg. Supt.

DATE 11/21/78

\*(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 13:** 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: "Seals 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 FORMER ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DEPTH-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION LENS, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND DEVEGETIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	<div style="display: flex; justify-content: space-between;"> <div>MEAS. DEPTH</div> <div>TOP</div> <div>TRUE VERT. DEPTH</div> </div>
				Abo	6011'