

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See 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 **ARCO Oil and Gas Company**
Division of Atlantic Richfield Company

JUN 20 1979

3. ADDRESS OF OPERATOR

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 200' FNL & 1925' FEL (Unit letter B)

At top prod. interval reported below as above

At total depth as above

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

5/6/79

16. DATE T.D. REACHED

5/19/79

17. DATE COMPL. (Ready to prod.)

6/6/79

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

3593' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

6252'

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

6202'

22. IF MULTIPLE COMPL.,
HOW MANY*RECEIVED
JUN 18 1979
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

23. DATE OF COMPLETION

6-6252'

CABLE TOOLS

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

6124-6142' Abo Reef

26. TYPE ELECTRIC AND OTHER LOGS RUN

25. WAS DIRECTIONAL
SURVEY MADE

No

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	995'	11"	400 SX	
5 1/2" OD	15.5# K-55	6252'	7-7/8"	1700 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8" OD	6024'	6017'

31. PERFORATION RECORD (Interval, size and number)

6124-6142' - 2 JSPF - 36 .43" holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6124-6142' 150	gals 15% HCL-NELST acid, 1000 gal
10#	CaCl wtr, 1000 gal gelled LC, 150
gals	15% HCL-NELST, flushed w/25 BO.

33.*

PRODUCTION

33.*

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
6/3/79		Flwg				Prod	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6/9/79	24 hrs	48/64"	→	429	831	1	1937:1
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
140#	Pkr	→	429	831	1	44°	
							TEST WITNESSED BY

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

Sold

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

SRK for L.D. LANE

TITLE Dist. Drlg. Supt.

DATE 6/14/79

*(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				
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	
			REMOVED	
			38. GEOLOGIC MARKERS	
		NAME	TOP	
			MEAS. DEPTH	TRUE VERT. DEPTH
		Abo	6060'	