

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other in-
structions on
reverse side)

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 Penroc Oil Corporation						5. LEASE DESIGNATION AND SERIAL NO. NM-014104	
3. ADDRESS OF OPERATOR P. O. Box 1004, Midland, Texas						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FWL and 660' FNL, Sec 23, T-18-S, R-31-E, Eddy County, New Mexico At top prod. interval reported below At total depth Same						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						12. COUNTY OR PARISH Eddy	
DATE ISSUED						13. STATE New Mexico	
15. DATE SPUNDED 4/25/64		16. DATE T.D. REACHED 6/14/64		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3693 G. L., 3704 D. F.	
20. TOTAL DEPTH, MD & TVD 5184'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 3836' T.D. Sur. 3836'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Welex GR-N						27. WAS WELL CORED Yes	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE 8-5/8		WEIGHT, LB./FT. 24		DEPTH SET (MD) 808		HOLE SIZE 10"	
						CEMENTING RECORD 50 sacks	
						AMOUNT PULLED 618'	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
						SCREEN (MD)	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number)							
32. ACID, SHOT, FRACTURE, OR GEL PERMEABLE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33. PRODUCTION							
DATE FIRST PRODUCTION P & A		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in) P & A	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
						GAS—MCF.	
						WATER—BBL.	
						GAS-OIL RATIO	
						OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
JUL 8 1964							
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 J. B. Castle		TITLE President		DATE July 2, 1964			

* (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; 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	NAME	MEAS. DEPTH
				TRUE VERT. DEPTH
Cores	Surface	725	Anhydrite	725
	725	970	B. salt	2053
	970	2053	Yates	2230
	2053	2711	Seven Rivers	2711
	2711	T. D.	Queen	3410
	5028-80, 5080-5132, 5132-84		Penrose	3662
			San Andres	4250
			Del. Sand	4990