

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM-014103

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Littlefield "AB" Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Chagart (Y. SR. G. Grayburg)

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 22-188-31E

12. COUNTY OR
PARISH

Eddy

13. STATE

N.M.

19. ELEV. CASINGHEAD

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 ☒ Other ☐

2. NAME OF OPERATOR

Gulf Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface 2310' FWL 640' FWL Section 22-188-31E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

Recompleted PB

15. DATE ~~5-25-70~~16. DATE ~~5-25-70~~ REACHED

17. DATE COMPL. (Ready to prod.)

5-31-70

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

3648' OL

20. TOTAL DEPTH, MD & TVD

5125'

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

4880'

22. IF MULTIPLE COMPL.,
HOW MANY*

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

3191-93', 3305-07', 3875-77' & 4061-63'

26. TYPE ELECTRIC AND OTHER LOGS RUN

None

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED
8-5/8"	24#	645'	12-1/4"	350 sz, circulated
5-1/2"	14, 15.5 & 17#	5110'	7-7/8"	660 sz (TOC at 1970')

LINER RECORD				TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SCREEN (MD)	SIZE	DEPTH SET (MD)
	None		5'	2-3/8"	4190'

31. PERFORATION RECORD (Interval, size and number)

3191-93', 3305-07', 3875-77' & 4061-63'

ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3191-93; 3305-07'	420 gals 15% NEA
3875-77; 4061-63'	420 gals 15% NEA
3191-4063'	752 gals 15% NEA
3191-4063'	20,000 gals gallo wtr frac w/

PRODUCTION						WELL STATUS (Producing or shut-in)	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				Producing	
5-27-70		Pump					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
6-6-70	24	2"	→	8	-	168	-
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
-	-	→	8	-	168	-	-
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Sold						R. W. Sands	

35. LIST OF ATTACHMENTS

None

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

SIGNED W. D. SCORLANDTITLE Area Production ManagerDATE 6-15-70

*(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 agency or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

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. 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.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
0		150'	Red Beds	Anhydrite Yates Seven Rivers Queen Delaware Sand	616'	
			Red Rock		2188'	
			Anhydrite		2554'	
			Anhydrite & Salt		3270'	
			Anhydrite		4890'	
			Lime and anhydrite			
		5125'	Lime			