

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other 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
WESTALL - MASK

3. ADDRESS OF OPERATOR

DRAWER 1477, ROSWELL NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 990' FROM SOUTH 1 LINE
1750' FROM WEST LINE

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

NOT APPL.

SEP 17 1975

O. C. C.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

LC 065680

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

KEOHANE FEDERAL

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

SHUGART

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

23 - 18 S - 31 E

12. COUNTY OR PARISH

EDDY

13. STATE

N. MEX.

15. DATE SPUDDED 8/22/75 16. DATE T.D. REACHED 8/25/75 17. DATE COMPL. (Ready to prod.) 8/27/75 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3668 GR 19. ELEV. CASINGHEAD 3674

20. TOTAL DEPTH, MD & TVD 3692 TD 21. PLUG, BACK T.D., MD & TVD NOT APPL 22. IF MULTIPLE COMPL., HOW MANY* 1 23. INTERVALS DRILLED BY → ROTARY TOOLS X CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
YATES 2180 QUEENS 3322
7 RIVERS 2610

26. TYPE ELECTRIC AND OTHER LOGS RUN

GAMMA RAY NEUTRON

27. WAS WELL CORED

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	20#	650	11	250 SACKS	
4 1/2	9.5#	3692	6	400 SACKS	

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	2600	NONE

31. PERFORATION RECORD (Interval, size and depth)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED		
3392-3682	40,000 GAL GELLED WATER		
	55,000 20/40 SAND		

33.* PRODUCTION
DATE FIRST PRODUCTION 9/9/75 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) PUMP 2 x 1 1/2 x 10 WELL STATUS (Producing or shut-in) PRODDATE OF TEST 9/9/75 HOURS TESTED 24 CHOKER SIZE PROD'N. FOR TEST PERIOD → OIL—BBL. 80 GAS—MCF. NO TEST WATER—BBL. GAS-OIL RATIO
FLOW. TUBING PRESS. NO CASING PRESSURE CALCULATED 24-HOUR RATE → OIL—BBL. 80 GAS—MCF. WATER—BBL. 5 OIL GRAVITY-API (CORR.)

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

35. LIST OF ATTACHMENTS
3 GAMMA RAY NEUTRON

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

SIGNED

Josh Mask

TITLE CO-OWNER

DATE 9/11/75

*(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 both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number 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, 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 election and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. 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. C 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 a **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 si 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, ade 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 cementi **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 POROSITY 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	DESCRIPTION	CONTENTS, E	NAME	MEAS. DEPTH
YATES	2180					
7 RIVERS	2610					
QUEEN	3322					

RECEIVED

SEP 15 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO