

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NMOCC COPY

SUBMIT IN DUPLICATE

(See instructions on reverse side)

Copy to
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
Gulf Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 660' FNL & 2130' FBL, Dec 29, T-18-S, R-31-E

At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDED 6-16-77 16. DATE T.D. REACHED 8-4-77 17. DATE COMPL. (Ready to prod.) 8-18-77

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3622' GL 19. ELEV. CASINGHEAD -

20. TOTAL DEPTH, MD & TVD 12,000' 21. PLUG, BACK T.D., MD & TVD 11,951' 22. IF MULTIPLE COMPL., HOW MANY* single 23. INTERVALS DRILLED BY 0-12,000'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 11,679'-11,884' Morrow

26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray - Comp Neutron - Comp Density - Dual Lateralog - Dipmeter

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	48#	620	17 1/2"	515 sacks - Circ	
9 5/8"	36 & 40#	4515'	12 1/4"	1100 sacks - TSI TOC 1180'	
7"	23 & 26#	12,000'	8 3/4"	1200 sacks - TSI TOC 7600'	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8"	11,635'	11,635'

31. PERFORATION RECORD (Interval, size and number)

Perforated 7" casing with 4-1/2" JHPF at 11,679' and 11,684'. And perforated 7" casing with 2-.40" JHPF at 11,682'-66', 11,880'-84'.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
11,862-11,884	1500 gallons 7 1/2% acid
11,679-11,684'	None

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
8-18-77		Flowing				Shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-31-77	24	27/64"	→	175	5455	0	31,171
LOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
1510	-	→	175	5455	0	55.7	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Shut in waiting on pipeline TEST WITNESSED BY R. N. Magee

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 N. P. Sikes, Jr. TITLE Area Engineer DATE 9-1-77

*(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				38. GEOLOGIC MARKERS				
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Top Anhy	536	700	Anhydrite		Top Queen	3232		same
Top Salt	700	1963	Salt		Top Bone Spring	6082		same
Top Yates	2123	3232	Sandstone, shale, dolomite		Top Wolfcamp	9755		same
Top Queen	3232	6082	Sandstone, shale, dolomite		Top Atoka	11070		same
Top Bone Sprs	6082	9755	Sandstone, limestone, shale					
Top Wolfcamp	9755	10755	Dolomite, shale, limestone					
Top Strawn	10755	11070	Dolomite, shale, limestone					
Top Atoka	11070	11500	Limestone, shale, sandstone					
Top Morrow	11500	11900	Limestone, shale, sandstone					
Top Barnett	11900	12000	Shale					