

NMOCC COPY

UNIT 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 <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>						
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>				
2. NAME OF OPERATOR Westall - Mask ✓											
3. ADDRESS OF OPERATOR P.O. Drawer 1477 Roswell, New Mexico 88201											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FSL and 330' FWL At top prod. interval reported below At total depth											
14. PERMIT NO.			DATE ISSUED								
15. DATE SPUDDED 01/20/78		16. DATE T.D. REACHED 01/27/78		17. DATE COMPL. (Ready to prod.) 02/06/78		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 316 Gr.		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 3650'		21. PLUG, BACK T.D., MD & TVD N/A		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →		ROTARY TOOLS X			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Queen & 3354-70, 3420, 3438, 3452 7 Rivers 3490 - 3506								25. WAS DIRECTIONAL SURVEY MADE Yes			
26. TYPE ELECTRIC AND OTHER LOGS RUN Gammatron Log								27. WAS WELL CORED			
29. 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#		658'		11"		300			
4 1/2		9.5#		3650'		7 7/8		400			
29. LINER RECORD										30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE	
-		-		-		-		-		2 3/8	
										DEPTH SET (MD)	
										3500'	
										PACKER SET (MD)	
										NONE	
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
										DEPTH INTERVAL (MD)	
										AMOUNT AND KIND OF MATERIAL USED	
										3354-70, 3420, (46 Holes) 40,000 Gals Gelled	
										3438, 3452, Water; 250 Gals 15% DS-30	
										3490-3506 40,000# 20/40 Sand	
33.* PRODUCTION											
DATE FIRST PRODUCTION 02/13/78		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump 600 2 x 1 1/2 x 10'						WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 02/13/78		HOURS TESTED 24		CHOKE SIZE -		PROD'N. FOR TEST PERIOD →		OIL—BBL. 30		GAS—MCF. 5,000	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE →		OIL—BBL. 30		GAS—MCF. 5,000		WATER—BBL. 5	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Phillips Petroleum										TEST WITNESSED BY	
35. LIST OF ATTACHMENTS 2 Gammatron Logs											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED <u>Jack Mask</u>				TITLE <u>Co-Owner</u>				DATE <u>02/21/78</u>			

*(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: "Socks 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	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Yates & S.R.	2516	2730				
Queen	3350	3500				
Penrose	3600					

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