

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>	RECEIVED	
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						MAR - 1 1982	
3. ADDRESS OF OPERATOR						O. C. D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						ARTESIA OFFICE	
At surface						1980 FNL & 1796 FWL Section 18 T-18S R-31E	
At top prod. interval reported below						same	
At total depth						Packer moved below stoker pipe corrected report.	
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH		13. STATE	
				Eddy		NM	
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	
8-26-80		10-19-80		2-8-82		3636.8	
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
11,827		11,794		4		surf-TD	
24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
11,730-38 11,766-68 4 shots per foot .50 dia							
11,315-16 11,426-27,81,83 11,518,19-80-81-82 11,637-45-48-51						() shot per ft. No	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
DLL/ML CNL/CDL CBL/GR						No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13-3/8		48#		675		17 1/2	
8-5/8		32#		4550		11	
5-1/2		17 & 20#		11,824		7-7/8	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
						SCREEN (MD)	
2-3/8		11,298		11,300			
DEPTH SET (MD)		PACKER SET (MD)		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
6500 sacks		none		11730-38-11766-		6500 gallon 15% acid	
2270 sacks		none		68			
1070 sacks		none		11315-11651		6000 gallon 7 1/2% MS acid	
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
2-8-82		Flowing				producing	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
12-2-80		19		20/64			
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
625		packer				48	
						GAS—MCF.	
						911 MCF	
						WATER—BBL.	
						2	
						OIL GRAVITY-API (CORR.)	
						57.2	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Vented						Bob Loyd	
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		TITLE		DATE			
Robert Loyd		Superintendent		2-26-82			

*(See Instructions and Spaces for Additional Data on Reverse Side)

General: This form is designed for submitting a complete and correct well completion report and log on all types of hams and lenses 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.

It is not necessary prior to the time that a summary report is submitted, copies of an currently available logs (winners, 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.

intervals, 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 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

KNOW 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

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