

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42 R355.5.

LEASE DESIGNATION AND SERIAL NO.

LC 029353A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McFadden

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Shugart (Y-SR-Q-GB)

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

3-19S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1a. TYPE OF WELL:

OIL

WELL

☒

GAS

WELL

☐

DRY

☐

Other

☐

1982

b. TYPE OF COMPLETION:

NEW

WELL

☒

WORK

OVER

☐

DEEP-

EN

☐

PLUG

BACK

☐

DIFF.

RESVR.

☐

OUT

☐

1982

2. NAME OF OPERATOR

Jack Plemons

3. ADDRESS OF OPERATOR

1010 Avenue H. Lovington, New Mexico 88105

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

At surface 2310'/N, 330'/E 3-19-31

At top prod. interval reported below

At total depth 3943'

14. PERMIT NO.

DATE ISSUED

15. DATE STUDDER

7-12-82

16. DATE T.D. REACHED

7-19-82

17. DATE COMPL. (Ready to prod.)

8-29-82

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

3607 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

3943

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

3943

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

10-3943

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

3804'-3907'

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Neutron

27. WAS WELL CORED

No

28. 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#K-55	741	12 1/4"	200 sacks	None
5 1/2"	15 1/2 # J-55	3943	7 7/8"	1110 sacks	None
2 2/3"		3750			

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

3804, 3805, 3806, 3839, 3840, 3841,
3859, 3861, 3862, 3907
1 shot per foot

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3804'-3907'	2000 gals. acid
	10,000 lbs. sand
	400 bbls. water

33. PRODUCTION

DATE FIRST PRODUCTION 8-29-82
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping
WELL STATUS (Producing or shut-in) waiting on electricity

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-29-82	24			10			
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

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

35. LIST OF ATTACHMENTS

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

SIGNED

TITLE

Agent

DATE 9-16-82

*(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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Red bed	0	649	T salt	650	
Salt	649	2335	B salt	2335	
Anhy	2335	2670	Anhy	2335	
Sand	2670	2820	T Yates	2670	
Anhy	2820	3350	T Seven Rivers	2770	
Sand	3350	3400	T Queen	3350	
Lime	3400	3943	T Graybug	3804	