

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

CARPER DRILLING COMPANY, INC.

3. ADDRESS OF OPERATOR

Artesia, New Mexico

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

At surface 2310 feet from North and West lines

At top prod. interval reported below

same

At total depth

same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

2-19-64

16. DATE T.D. REACHED

3-6-64

17. DATE COMPL. (Ready to prod.)

3-7-64

18. ELEVATIONS (DF, R&B, RT, GR, ETC.)*

3249' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

985'

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

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0'- 985'

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

None

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

None

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"	24	404'	10"	30 sacks cement	none
7"	20	542'	8"	80 sacks cement	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

None

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION

None

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

DATE OF TEST

HOURS TESTED

CHOKE SIZE

PROD'N. FOR TEST PERIOD

OIL—BBL.

GAS—MCF.

WATER—BBL.

GAS-OIL RATIO

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.)

TEST WITNESSED BY

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "AF"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 14, T 20S, R 28E

MEM

12. COUNTY OR PARISH

Eddy

13. STATE

N. Mexico

RECEIVED

MAR 12 1964

O. C. O.

ARTESIA, OFFICE

35. LIST OF ATTACHMENTS
2 copies of Geologic log enclosed.

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

SIGNED

TITLE Petroleum Engineer

DATE **3-9-64**

***(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 36.

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

DESCRIPTION, CONTENTS, ETC.

BOTTOM

TOP

FORMATION

Red Beds

Salt

Tensill

Yates

Seven Rivers

0

385

539

700

918

385

539

700

918

985

Red shale, gyp

Salt

Anhy, dolo, red shale

Sand, sh, dolo & anhy

Dolo & sd

38.

GEOLOGIC MARKERS

NAME

MEAS. DEPTH

TOP

TRUE VERT. DEPTH

Top Salt

Base salt

Top Yates

Top Seven Rivers

385

539

700

918

