

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

The Atlantic Refining Company

3. ADDRESS OF OPERATOR

Box 1978, Roswell, New Mexico

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

At surface 960' FNL, 800' FWL

At top prod. interval reported below

At total depth

RECEIVED

JUL 31 1964

O. C. C.
ARTESIA, OFFICE

14. PERMIT NO.

DATE ISSUED

5/22/64

15. DATE SPURRED 5/26/64 16. DATE T.D. REACHED 6/22/64 17. DATE COMPL. (Ready to prod.) 6/26/64 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3970' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 7700 21. PLUG, BACK T.D., MD & TVD 7683' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7550-7700 Cises 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray-Sonic; Dual Induction Laterolog; Micro-Laterolog

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
13-3/8	48	301.21	17-1/2	325 sz	None
8-5/8	24 & 32	3611.51	11	1005 sz	None
4-1/2	9.5 & 11.6	7700	7-7/8	345 sz	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	7518	7511

31. PERFORATION RECORD (Interval, size and number)

7570-7600 w/2 JSF (120 holes)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7570-7600	1000 gal. 1% mud acid & 3000 gal. 1% HCl

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
6/26/64		Flowing					Shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
6/27/64	4	18/64"	—————→		690	0		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
2170#	Packer	—————→		4140				

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

Shut-in Gas Well

TEST WITNESSED BY

T. E. Sheets

35. LIST OF ATTACHMENTS

Deviation record & copy of electric logs

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

SIGNED

TITLE

District Drilling Supervisor

DATE

7/27/64

*(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 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: "Stacks 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
ON DST #1 Testing Dean Sand 7013-7094. 1" TC, 3/4" BC, no W.C. tool open 64 min. w/weak air blow and diled. Recovered 15' of mud. 30" ISIP = 434. IFP = 214. FFP = 214. Hyd. P. in and out = 3234. BHT = 1187.				Undifferentiated Capitan Reef-Delaware Mtn.	Surface		
				Bone Spring	3730		
				Dean Sand	6940		
				Wolfcamp	7068		
				Claseo	7550		

Attempted DST in Claseo from 7582-7630 and packer failed to seat.