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SUBMIT IN DUPLICATE*

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(See other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
Federal No. 08277

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hughes-Federal

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
Saladar-Yates

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 33 20S-28E N.M.P.M.

12. COUNTY OR PARISH
Edm

13. STATE
New Mexico

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ **APR 6 1965**

2. NAME OF OPERATOR
Geo. D. Riggs

3. ADDRESS OF OPERATOR
Box 116 Carlsbad, New Mexico 88220

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **990 feet from south line, 1308 feet from west line**

At top prod. interval reported below **same**

At total depth **same**

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED **10-21-64** 16. DATE T.D. REACHED **11-26-64** 17. DATE COMPL. (Ready to prod.) **3-29-65** 18. ELEVATIONS (DF, BKB, RT, GR, ETC.)* **3199.1 (still, rmd 1 8")** 19. ELEV. CASINGHEAD **3199.3**

20. TOTAL DEPTH, MD & TVD **633 MD & TVD** 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY **0 to 633** ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Yates Sand 610 to 612 and 620 to 625 TVD 25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN **Sample** 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
7 1/2	17	424	8 1/2	mudded	424
5 1/2	14	602		100 sacks	none

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	630	

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
none				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
				603 - 633	Fracture with 275 bbl of lease oil and 11000 lbs of 20-40 sand by DOWELL

33.* PRODUCTION
DATE FIRST PRODUCTION **3-29-65** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **pumping, common working bbl. 2"** WELL STATUS (Producing or shut-in) **producing**

DATE OF TEST **3-31-65** HOURS TESTED **24** CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. **5** **small amt** WATER—BBL. **none** GAS-OIL RATIO

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. **5** GAS—MCF. WATER—BBL. **none** OIL GRAVITY-API (CORR.) **36**

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **used to run pumping engine** TEST WITNESSED BY

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 **operator** DATE **4-3-65**

*(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 83, 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:			38. GEOLOGIC MARKERS		
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	NAME	MEAS. DEPTH	
DESCRIPTION, CONTENTS, ETC.			TOP		
			MEAS. DEPTH	TRUE VERT. DEPTH	
	0	85	Fletcher	424	same
	85	200	Tansill	436	"
	200	424	Ocotillo	484	"
	424	436	Yates	583	"
	436	484			
	484	494			
	494	552			
	552	583			
	583	603			
	603	633			