

N. J. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.5. LEASE DESIGNATION AND SERIAL NO.
NE 0756790

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 339. WELL NO.
1**Section 33, Upper Perm.**11. SEC., T., E., M., OR BLOCK AND SURVEY
OR AREA
Sec. 33, T-21, R-23**NECN**12. COUNTY OR
PARISH
Reddy13. STATE
New Mexico15. DATE SPUDDED **8-6-63** 16. DATE T.D. REACHED **10-1-63** 17. DATE COMPL. (Ready to produce) **11-4-63** 18. CONDITIONS (DF, RKB, RT, GR, ETC.)*
Gr. 4031 19. ELEV. CASINGHEAD
404920. TOTAL DEPTH, MD & TVD **7623** 21. PLUG, BACK T.D., MD & TVD **7624** 22. IF MULTIPLE COMPL., HOW MANY*
Single 23. INTERVALS DRILLED BY
Rotary ROTARY TOOLS
None CABLE TOOLS
None24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
7066-7251 Cisco Canyon 25. WAS DIRECTIONAL SURVEY MADE
No26. TYPE ELECTRIC AND OTHER LOGS RUN
ILL, NMR/C 27. WAS WELL CORED
No

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	241	17 1/2	300 ans to surface	None
8-5/8	32	2250	11	875 ans to surface	None
5 1/2	14, 15.5	7623	7-7/8	200 ans cement	None

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	7000	6990

31. PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
7066, 68, 70, 88, 90, 92, 94, 96, 98, 7100, 02, 04, 06, 7121, 23, 25, 30, 32, 34, 7124, 36, 38, 60, 80, 72, 74, 76, 78, 7180, 82, 84, 89, 91, 93, 95, 97, 99, 7219, 21, 23, 31, 33, 7235, 37, 47, 49, 51	DEPTH INTERVAL (MD) 7066-7251 AMOUNT AND KIND OF MATERIAL USED 3000 gals NSA with 60 NECN balls

PRODUCTION							
33.* DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
11-4-63		Flowing				Flow-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-9-63	4	15/64 to 24/64	846 absolute open flow potential				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
2141	0	11.91/bbl MCF	92,900		0	99.5	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Vented						D. N. Morris	

35. LIST OF ATTACHMENTS
Absolute open flow potential
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED **B. Davidson** TITLE **Lead Drilling Engineer** DATE **12-10-63**

*(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:				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		DESCRIPTION, CONTENTS, ETC.		NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM				
Cisco-Canyon	7055	7443	Dolomite No cores or tests	San Andres Glorieta Wolfcamp Cisco-Canyon	1116 1904 6184 7034	