

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

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 ☐		1b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESRV. ☐ Other ☐		JUL 15 1965	
2. NAME OF OPERATOR Ralph Lowe				D. C. C. ARTESIA, OFFICE	
3. ADDRESS OF OPERATOR Box 832, Midland, Texas 79701					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' fr. South and West Lines of Sec. 27 At top prod. interval reported below At total depth					
14. PERMIT NO.		DATE ISSUED 6/10/65		12. COUNTY OR PARISH Eddy	
15. DATE SPUDDED 6/11/65		16. DATE T.D. REACHED 7/4/65		18. STATE New Mexico	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, OR, ETC)* 3940 DF		19. ELEV. CASINGHEAD 3928	
20. TOTAL DEPTH, MD & TVD 7808		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL. HOW MANY?	
23. INTERVALS DRILLED BY		ROTARY TOOLS X		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE No		27. WAS WELL CORRED No	
26. TYPE ELECTRIC AND OTHER LOGS RUN BHC GR-SONIC, I-ES, FDC, N(0)		28. CASING RECORD (Report all strings set in well)			
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
13 3/8		48		218	
9 5/8		36		2305	
7		26		7800	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
17 1/4		250		None	
12 1/4		900		None	
8 3/4		700		None	
29. LINER RECORD		30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)			
31. PERFORATION RECORD (Interval, size and number) Well Dst before 7" Casing run. Made 4900 MCF Est. Well shut in. Will be perforated & possibly Deepened at a later Date.		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented		TEST WITNESSED BY W. L. Scott	
DATE FIRST PRODUCTION 7/1/65		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Shut in	
DATE OF TEST 7/1/65		HOURS TESTED DST 1hr		CHOKED SIZE	
PROD'N. FOR TEST PERIOD		OIL—BSL.		GAS—MCF. 4900 Est	
FLOW. TUBING PRESS.		CASING PRESSURE		WATER—BSL.	
CALCULATED 24-HOUR RATE		OIL—BSL.		OIL GRAVITY-API (CORR.)	
		GAS—MCF.			
		WATER—BSL.			
35. LIST OF ATTACHMENTS None, will send in necessary reports when well completed		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED DATE 7/14/65	

*(See Instructions and Spaces for Additional Data on Reverse Side)

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.)

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