

Orig & loc: USGS, Artesia

lcc: W.L. Boone

N. M. O. C. C. COPY

Form 9-330
(Rev. 5-63)

lcc: R.H. Coe

lcc: File

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 GETTY OIL COMPANY ✓						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 249, Hobbs, New Mexico						8. FARM OR LEASE NAME Wilson Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310 FNL, 990 FEL At top prod. interval reported below At total depth						9. WELL NO. 1	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUDDED 12-1-67						18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3827.3 GR	
16. DATE T.D. REACHED 1-26-68		17. DATE COMPL. (Ready to prod.) Dry		19. ELEV. CASINGHEAD		10. FIELD AND POOL, OR WILDCAT Wildcat	
20. TOTAL DEPTH, MD & TVD 8020		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA 13 - 222 - 042	
23. INTERVALS DRILLED BY → 65 - 8020'						12. COUNTY OR PARISH Bddy	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NONE						13. STATE New Mexico	
25. WAS DIRECTIONAL SURVEY MADE YES						26. TYPE ELECTRIC AND OTHER LOGS RUN Schlumberger Borehole Comp. Sonic, GR 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	
13-3/8		355				350 sx reg. 2% Cactl, 1/4 flocale/sack	
8-5/8		3506				1150 sx Incor 50-50 Pozmix 385 sx Incor Neat	
29. LINER RECORD		30. TUBING RECORD		SIZE		DEPTH SET (MD)	
SIZE		TOP (MD)		BOTTOM (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) NONE		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) NONE		AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION		DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
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					
35. LIST OF ATTACHMENTS Deviation, Electric Logs		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		Original Signed By SIGNED C. L. WADE		TITLE Area Superintendent	
				DATE 1-29-68			

*(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: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
	7910	7946	DST #1 Top ptr at 7904, Btm ptr. @ 7910. 1" choke in tool and 1/4" on surface. Weak blow initially, increasing to fair blow at end of 10 min. pre flow. Open tool one hr. Weak blow air throughout. Rec. 25' rat hole mud, no oil, water or gas IFF 59# 1 hr. ISIP 482#, 1 hr. FFP 36#, 2 hr FSIP 187#, Hyd press in 3818 & out 3779#. DST #2 Ptr. set same as above, 10 min pre flow, strong blow of air. SI for one hr. with strong blow gas. 7# press in 17 min. of flow period. Rec. 2325' water and gas cut mud and 1540' of gas cut sand. one hr. FSIP 2552#, Hyd. Press in 3818 and out 3779#, BWT 136°F	Delaware Bone Spring Wolfcamp Wolfcamp Shale Cisco Canyon	1720 3670 7530 7648 7918	
	7910	8010				