

U. S. GEOLOGICAL SURVEY
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 Barber Oil Inc. ✓							
3. ADDRESS OF OPERATOR 901 West Pierce Carlsbad, N.M. 88220							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1990 FSL, 1337 FWL At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
5. LEASE DESIGNATION AND SERIAL NO.							
6. IF APPLICABLE, NAME OF INDIVIDUAL OR TRIBE NAME							
7. UNIT AGREEMENT NAME							
8. FARM OR LEASE NAME							
9. WELL NO. 13							
10. FIELD AND POOL, OR WILDCAT							
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 13 T.20S., R.23E.							
12. COUNTY OR PARISH				13. STATE New Mexico			
15. DATE SPUDDED 5-8-69		16. DATE T.D. REACHED 6-4-69		17. DATE COMPL. (Ready to prod.) 7-1-69		18. ELEVATIONS (DF, REB, RT, GR, ETC.) 3250 DF	
20. TOTAL DEPTH, MD & TVD 828		21. PLUG, BACK T.D., MD & TVD 828		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Jates sand 795' - 824'						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						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" OD	208	161 ft	8 5/8	15 sacks portland			
5" OD	14	795 ft	1 1/4	50 " "			
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				820-801			
				50 quarts nitroglycerine			
33.* PRODUCTION							
DATE FIRST PRODUCTION 7-1-69		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) pumping				WELL STATUS (Producing or shut-in) producing	
DATE OF TEST 7-1-69	HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL. 5	GAS—MCF. 50	WATER—BBL. 50	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL. 5	GAS—MCF. 50	WATER—BBL. 50	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						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 [Signature]		TITLE President			DATE 8-15-69		

*(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				NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.			
			None	base salt Top Yates	599 763	