

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

Pennzoil United, Inc.

3. ADDRESS OF OPERATOR

P. O. Drawer 1828 - Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) *

At surface 660 FSL & 660 FWL of Sec. 15, T-21-S, R-28-E

At top prod. interval reported below

At total depth Same

14. PERMIT NO. DATE ISSUED
6-2-70

5. LEASE DESIGNATION AND SERIAL NO.

LC 068368

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Big Eddy Unit

9. WELL NO.

32

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 15, T-21-S, R-28-E

12. COUNTY OR PARISH Eddy 13. STATE N. M.

15. DATE SPUDDED 6-6-70 16. DATE T.D. REACHED 7-14-70 17. DATE COMPL. (Ready to prod.) P&A 18. ELEVATIONS (DF, RKB, RT, GR, ETC.) * 3265' GL 19. ELEV. CASINGHEAD 3265 GL

20. TOTAL DEPTH, MD & TVD 11,578' 21. PLUG, BACK T.D., MD & TVD P&A 22. IF MULTIPLE COMPL., HOW MANY * - 23. INTERVALS DRILLED BY 10 - 11,570' ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) * None 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN SNP, IES, ML 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
13 3/8" OD	48#	497	17 1/2"	550 sx Class "H"	None
9 5/8" OD	36#	2,524	12 1/4"	1925 sx Litewate + 100 sx Class "H"	None

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT *	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					None		

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
None		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		None	

33. PRODUCTION							
DATE FIRST PRODUCTION P&A		PRODUCTION METHOD (Producing gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in) P&A	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
None							
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
None							

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Deviation Survey, Logs, Form 9-330

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED H. P. Gordonick, Jr. TITLE Drilling Superintendent DATE 7-29-70

*(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: "Stacks 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.)

27. SUMMARY OF POROUS ZONES:

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	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Delaware Sand	2634	
				Bone Spring	6052	
				1st B.S. Sand	7275	
				Leonard Lime	8340	
				Wolfcamp	9590	
				Strawn	10880	
				Atoka	11265	
				Morrow Lime	11485	