

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.

LC 068408

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Big Eddy

8. FARM OR LEASE NAME

Big Eddy Unit

9. WELL NO.

34

10. FIELD AND POOL, OR WILDCAT

WILDCAT11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA**Sec. 5, T-20S, R-31E**12. COUNTY OR
PARISH**Eddy**

13. STATE

New Mexico

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

MONSANTO COMPANY

3. ADDRESS OF OPERATOR

101 North Mariefeld, Midland, Texas 79701

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

At surface

1980' FS & E Lines

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

3/7/72

15. DATE SPUDDED

4/13/72

16. DATE T.D. REACHED

5/18/72

17. DATE COMPL. (Ready to prod.)

Dry Hole

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3481' D.F.

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

11,550'

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0 - 11,550'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

DRY HOLE25. WAS DIRECTIONAL
SURVEY MADE**No**

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction - Laterlog, Sonic - Gamma Ray

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
11 3/4"	42#	852'	15"	700 Sx.	0
8 5/8"	32 & 24#	4234'	11"	1200 Sx.	0

29. LINER 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)

**35 Sx. Ea. cement plugs as follows:
11,300'; 10,300'; 8,770'; 6,990'; 5,600';
4,300'; 2,600'; 10 Sx. Plug at surface.
Hole filled w/ 10# mud.**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION **Dry Hole**

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

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

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

A. W. Wood

TITLE

District Production Mgr.

DATE

6/6/72

*(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, CUSHION USED, 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
Strawn	11,369	11,421	1431' water blanket; open 20 Mins. w/ slight blow & died in 20 Mins. F.P. 692 - 715; ISIP 60 Mins. 970 psi; Tool open 20 Mins. w/ no blow; Press. 715 psi; 120 Mins. FSIP 970 psi. Rec. water blanket plus 20' drlg mud. Samplr 140 psi w/ 1950 cc mud w/ no show. BHT 144°.	Rustler Yates 7 Rivers Capitan Reef Delaware Sd Bone Spring Wolfcamp Strawn Atoka	577 2350 2658 2905 4110 6936 10,250 11,300 11,429	