

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0501759

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Kurland Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Undesignated Morrow Gas

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

Sec 6-21S-27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. 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

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

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

At surface 1980' FSL & 1980' FWL (Unit letter K)

At top prod. interval reported below

At total depth as above

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

8/27/75

16. DATE T.D. REACHED

10/12/75

17. DATE COMPL. (Ready to prod.)

10/23/75

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

3152.2' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

11,380'

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

11,309'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-11,380'

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

11,163-11,203' Also Morrow

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray Corr log, Dual Laterolog, Formation Density Compensated & Compensated Neutron log

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 USED
13-3/8"OD	48#	500'	17 1/2"	475. sx plus 4 yds Redi	
8-5/8"OD	24#	2500'	12 1/4"	1900 sx.	
5-1/2"OD	15.5# & 17#	11,378'	7-7/8"	1000 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	ARTESIAN SET (MD)
					2-3/8"	10,854'	10,817'

31. PERFORATION RECORD (Interval, size and number)

11,163, 73, 75, 80, 83, 85, 93, 95,
11,201, 11,203 = 10 - .32" holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
11,163-203'	2000 gal 7 1/2% MS acid cont'g 1000 SCF N ₂ /bbl

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
10/22/75		Flowing				Shut in - WOPLC	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10/28/75	4 hrs	Variable	→	0	300	0	-
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
2445#	Pkr	→	0	1797	-	-	

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

Shut in - Waiting on Pipeline connection

TEST WITNESSED BY

Joe A Coleman

35. LIST OF ATTACHMENTS

Logs as listed in Item 26 above & Inclination Report

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

SIGNED

TITLE Dist Drlg. Supv.

DATE 11/4/75

*(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 33.

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			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
38. GEOLOGIC MARKERS			
NAME		TOP	
		MEAS. DEPTH	TRUE VERT. DEPTH
Yates		551	
Captain Reef		990	
Delaware Mtn		2560	
Bone Springs		4678	
2nd Bone Sprgs		6210	
Dean		8280	
Wolfcamp		8682	
Strawn		9922	
Atoka		10300	
Morrow		10867	