

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 0197617	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR MONSANTO COMPANY		7. UNIT AGREEMENT NAME Rock Tank Unit	
3. ADDRESS OF OPERATOR 101 North Marlenfeld, Midland, Texas 79701		8. FARM OR LEASE NAME Rock Tank Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' FWL & 1980' PSL At top prod. interval reported below At total depth		9. WELL NO. 2	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 5-23-68	16. DATE T.D. REACHED 7-11-68	17. DATE COMPL. (Ready to prod.) 7-17-68	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4014' D.F.
19. ELEV. CASINGHEAD 3989'		20. TOTAL DEPTH, MD & TVD 10,552	
21. PLUG, BACK T.D., MD & TVD 10,472		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 0-10,552'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 10,405 - 10,438'	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Induction-Electrical, Sonci - Gamma Ray	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
Casing Size		Weight, LB./FT.	
8 5/8"		24	
4 1/2"		11.6	
Depth Set (MD)		Hole Size	
2537'		11"	
10,533'		7 7/8"	
Cementing Record		Amount Pulled	
Cmt'd. surf. w/1515 sxs		None	
Cmt'd. w/375 sxs		None	
29. LINER RECORD		30. TUBING RECORD	
Size		Top (MD)	
Bottom (MD)		Sacks Cement*	
Screen (MD)		None	
Size		Depth Set (MD)	
2 3/8"		10,316'	
Packer Set (MD)		10,213'	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SPILL FRACTURE, CEMENT SQUEEZE, ETC.	
10,405' - 10,438' - 27 shots		Depth Interval	
Amount and Kind of Material Used		None	
33.* PRODUCTION		WELL STATUS (Producing or shut-in)	
DATE FIRST PRODUCTION 7-17-68		Flowing	
PRODUCTION METHOD (Flowing, gas lift, pumping, size and type of pump)		Shut-in	
DATE OF TEST 7-19-68		HOURS TESTED 4	
CHOKE SIZE 12-19/64"		PROD'N. FOR TEST PERIOD	
OIL—BBL. 0		GAS—MCF. 24,566 CAOF	
WATER—BBL. 0		GAS-OIL RATIO --	
FLOW TUBING PRESS. 3157-2507		CASING PRESSURE Pkr.	
CALCULATED 24-HOUR RATE		OIL—BBL. 0	
GAS—MCF. 24,566 CAOF		WATER—BBL. 0	
OIL GRAVITY-API (CORR.)		--	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented		TEST WITNESSED BY M. D. Lambert	
35. LIST OF ATTACHMENTS Logs, DST's		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED D. W. W. W.		TITLE Dist. Prod. Supt.	
DATE 8-1-68			

*(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, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS																									
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.																								
			See Attached DST List.																								
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