

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

b. TYPE OF COMPLETION:

NEW
WELL ☐WORK
OVER ☐DEEP-
EN ☐PLUG
BACK ☐DIFF.
RESVR. ☐

Other

2. NAME OF OPERATOR

C. E. Larue and B. N. Muncy, Jr.

3. ADDRESS OF OPERATOR

P. O. Box 196, Artesia, New Mexico 88210

O. C. C.
ARTESIA, OFFICE

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

At surface

660' from East Line and 1930' from North line.

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

7/29/74

16. DATE T.D. REACHED

9/10/74

17. DATE COMPL. (Ready to prod.)

P. A

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

3600' GL

19. ELEV. CASINGHEAD

3600'

20. TOTAL DEPTH, MD & TVD

3422'

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

3420

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

ROTARY TOOLS

CABLE TOOLS

→

X

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

Compensated neutron Gamma Ray
Gamma Ray Neutron-Densilog-Dual Laterlog-Cement Bond

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"	20#	453'	8 3/4"	103 Sacks circulated	-0-
4 1/2"	10 1/2#	3420'	6 1/4"	120 Sacks	1940'

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

2 Shots per foot—1/2" 2375-78, 2888-93,
2528-32, 2542-44, 2787-93, 2922-28,
2968-80, 3184-92, 3203-14, 3323-25,
3329-31, 3332-34, 3338-40, 3364-70

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2351-2413	250 Gal. 15% acid
2881-3006	250 Gal. 15% acid
3163-3220	250 Gal. 15% acid

33.*

PRODUCTION

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
FLOW. TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OTHER FLUIDS—API (CORR.)	

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

35. LIST OF ATTACHMENTS

Logs

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

SIGNED

B. N. Muncy, Jr.

TITLE

Operator

DATE

10/12/74

*(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
Sand	2375	2378	Salt Water	LAYER		2215
Sand	2380	2393	Salt Water	DELAWARE SAND		2310
Sand	2528	2532	Salt Water			
Sand	2542	2544	Salt Water			
Sand	2787	2793	Salt Water			
Sand	2920	2928	Salt Water			
Sand	2960	2960	Salt Water			
Sand	3184	3192	Salt Water			
Sand	3203	3214	Salt Water			
Sand	3323	3325	Salt Water			
Sand	3329	3331	Salt Water			
Sand	3332	3334	Salt Water			
Sand	3338	3340	Salt Water			
Sand	3364	3370	Salt Water			