

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. REVR. ☐ Other ☐2. NAME OF OPERATOR: **W. O. C. C.**
ARTESIA, OFFICE3. ADDRESS OF OPERATOR: **1000 PRODUCTION COMPANY /**
PO BOX ANDREWS, TEXAS 797144. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface: **1960' FNL x 1380' FEL Sec. 18 (Unit G. S. 1/4 NW 1/4)**

At top prod. interval reported below:

At total depth:

14. PERMIT NO. DATE ISSUED

15. DATE SPUN: **8-22-75** 16. DATE T.D. REACHED: **9-1-75** 17. DATE COMPL. (Ready to prod.): **9-19-75** 18. ELEVATIONS (DT, RSB, RT, GR, ETC.): **3088 GL 3033 R16**20. TOTAL DEPTH, MD & TVD: **3452'** 21. PLUG BACK T.D., MD & TVD: **3412'** 22. IF MULTIPLE COMPL., HOW MANY: **1** 23. INTERVALS DRILLED BY: **10-TD**24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD): **3278-95' DELAWARE**25. TYPE ELECTRIC AND OTHER LOGS RUN: **DUAL LL Sonic Log**

26. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT FULLED
8 5/8	24.32	413	12 1/4"	350 Cmc	
5 1/2	16.5	3452	7 7/8"	1000 SK	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	3277	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
3278-95' 4/2 JSPF		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		3278-95	2000 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)	
9-16-75		PUMP				PRODUCING	
DATE OF TEST	HOURS TESTED	CHORE SIZE	PROD'N. FOR TEST PERIOD	OIL—EBL.	GAS—MCF.	WATER—EBL.	GAS-OIL RATIO
9-19-75	24	—	—	50	7500	57	1500
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—EBL.	GAS—MCF.	WATER—EBL.	OIL GRAVITY-API (CORR.)	
—	—	—	—	—	—	—	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): **VENT**35. LIST OF ATTACHMENTS: **NONE**

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

SIGNED: **[Signature]** TITLE: **ADMINISTRATIVE ASSISTANT** DATE: **SEP 20 1975**

* (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 for 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. The necessary special instructions regarding the use of this form and the number of copies to be submitted, particularly with regard to land, area, or additional area or lease, and/or other area or lease, are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See item 22 below regarding separate reports for separate completions.

If you find prior to the time this summary record is submitted, certain of all equipment, tools, logs (G.L.), or other data, sample and core analysis, all types electric, etc.), formation and pressure tests, and other well 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 25.

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 5: Each of the following items should be completed for each well, unless otherwise indicated. Items 22 and 24: If this well is completed for separate production from more than one formation zone (multiple zone completion), so state in item 22 and in item 24 show the producing formation in footwall, top(s), bottom(s) and/or other(s) (if any) for each interval reported in item 22. Attach a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to each interval.

Item 21: *Seals Cemented*: Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Item 22: 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 POPOUS ZONES:

SUBMIT 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.	PS.	GEOLOGIC MARKERS		
					NAME	MEAS. DEPTH	TRUE VERT. DEPTH
DELAWARE	3278'	3295'	Oil And Gas.		B-SALT	2233	
					DEL. SAND	2416	
					CLAY SAND	3278	