

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. RESVR. ☐	Other ☐								
2. NAME OF OPERATOR CITIES SERVICE OIL COMPANY															
3. ADDRESS OF OPERATOR P.O. BOX 10, Hobbs, New Mexico 88240															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 600' FSL & 600' FEL Sec 28-T255-R24E, Eddy Co. N.M. At top prod. interval reported below 600' as above At total depth same as above															
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH Eddy		13. STATE New Mexico									
15. DATE RECEIVED 5-23-72		16. DATE T.D. REACHED 5-15-72		17. DATE COMPL. (Ready to prod.) Temp. Aban.		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3715'									
19. ELEV. CASINGHEAD --		20. TOTAL DEPTH, MD & TVD 351'		21. PLUG, BACK T.D., MD & TVD 710'		22. IF MULTIPLE COMPLEMENTS, HOW MANY*									
23. INTERVALS DRILLED		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND NAME) In commercial production		25. WAS DIRECTIONAL SURVEY MADE --		26. TYPE ELECTRIC AND OTHER LOGS RUN See original well completion									
27. WAS WELL CORED --		28. CASING RECORD (Report all strings set in well)													
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
See original well completion															
29. LINER RECORD		30. TUBING RECORD													
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) Reperf w/5 holes 7041-7052 & 11 holes 7039-7044						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.									
DEPTH INTERVAL (MD)						AMOUNT AND KIND OF MATERIAL USED									
7039-7052						Acid 1500 gals.									
7039-7052						Gas Frac w/3700 gals gelled frac fluid + 4800# sand-glass									
						Dead proppant									
33.* PRODUCTION															
DATE FIRST PRODUCTION --				PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Temporarily abandoned						WELL STATUS (Producing or shut-in) 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.		OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)												TEST WITNESSED BY			
35. LIST OF ATTACHMENTS See original well completion															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED				TITLE				DATE				5-29-72			
				Asst. Admin. Supervisor											

*(See Instructions and Spaces for Additional Data on Reverse Side)

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, and/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 land 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.), formations 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 32.

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, FISHION USED, TIME TOOL OPEN FLOWING AND SHUT IN PRESSURES, AND RECOVERIES	FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC	NAME	38. GEOLOGIC MARKERS	
						MEAN. DEPTH	TRUE VERT. DEPTH

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

42-2255

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Artesia

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Artesia

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

Sec 28-T255-1241

14. PERMIT NO.

15. ELEVATIONS (Show whether depth, etc.)

12. COUNTY OR PARISH

13. STATE

El Paso

N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING	
FRACTURE TREATMENT	REPLETION COMPLETE	
SHOOT OR ACIDIZE	ABANDON*	
REPAIR WELL	CHANGE PLANS	
(Other)		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREATMENT	ALTERING CASING	
SHOOTING OR ACIDIZING	ABANDONMENT*	
(Other)		X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 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2016. 2017. 2018. 2019.

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

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 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.