

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPL. FE*

(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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. MI 020200-A	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other Plug and Abandon		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR SINCLAIR OIL CORPORATION		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Guadalupe Ridge Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FWL and 660' FWL At top prod. interval reported below At total depth Same		9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUNDED 10-14-68		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 22-T26S-R21E	
16. DATE T.D. REACHED 1-12-69		12. COUNTY OR PARISH Eddy	
17. DATE COMPL. (Ready to prod.) Plugged		13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7267' GR		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 8000'		21. PLUG, BACK T.D., MD & TVD 0'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* None		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated densilog, Microlaterolog, Dual Induction Focused Log, Induction Electrolog, SMC Acoustilog and Minilog.		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
16-1/4"	65#	36'	18" x 26"
8-5/8" CD	21#	2102'	10-5/8"
7" OD	23#	5194'	7-7/8"
CEMENTING RECORD			
5 yards			
375 sks.			
100 sks.			
AMOUNT PULLED None			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
None			
31. PERFORATION RECORD (Interval, size and number)			
None			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
None			
33.* PRODUCTION			
DATE FIRST PRODUCTION None		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)	
DATE OF TEST		WELL STATUS (Producing or shut-in) Plugged and Abandoned	
HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.			
SIGNED <i>[Signature]</i>		TITLE Superintendent	
DATE 1-20-69		ARTESIA OFFICE	

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

Orig. Acc: USGS, Artesia, N.M.

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	US	GEOLOGIC MARKERS	MEAS. DEPTH	TRUE VERT. DEPTH
Abo	3310	3360'	DST#1.5/8" X 1" choke. No water cushion. Open 2 hrs. very weak blow, dead immediately (4 to 5 air bubbles) Rec. 4 gal. drlg mud, 5" TOP 0, 1 hr. TSIF 0, 2 hr. FFP 0, 2 hrs. FSIP 0. Hyd. in & out 1304.	Tisco Canyon	7290'	7350'	7290'
Bone Springs	4240	4301'	DST#2.5/8" X 1" choke. No water cushion. Open 3 hrs. w/weak blow, dead in 10" start very weak blow after open 1 hr. & 25" and continue weak rest of test. Rec. 153' drlg mud, 5" TOP 20", 1 hr. TSIF 1046, 3 hr. TOP 20", FFP 424, 3 hr. FSIP 374, Ter p. 79, Hyd. in & out 1993#.	Strawn	7880'	7880'	7880'