

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT COPY

(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 _____		5. LEASE DESIGNATION AND SERIAL NO. N: 0472258	
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 CITIES SERVICE OIL COMPANY		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 100, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Government	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1500' FNL & 1500' FBL of Sec. 27-T25S-R24E, Eddy Co., New Mexico. At top prod. interval reported below Same as Above At total depth Same as Above		9. WELL NO. 3	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 5-25-72		16. DATE T.D. REACHED 5-25-72	
17. DATE COMPL. (Ready to prod.) 6-1-72		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3730 DF	
19. ELEV. CASINGHEAD 3714		12. COUNTY OR PARISH Eddy	
13. STATE New Mexico		10. FIELD AND POOL, OR WILDCAT Indes. (Washington Ranch) Hobbs	
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 27-T25S-R24E		25. WAS DIRECTIONAL SURVEY MADE No	
20. TOTAL DEPTH, MD & TVD 1500		21. PLUG BACK T.D., MD & TVD 1500	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 500-600, narrow		27. WAS WELL CORED No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Induction -- Laterlog, Microlog, borehole compensated sonic log		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 1 - 0.33" hole each 6016, 6018, 6033, 6043, 6047, 6051, 6054, 6055, 6063, 6065, 6066, 6070, 7072, and 6081		32. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED RECEIVED JUN 13 1972 JUN 15 1972 U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO O.E.C.	
33. PRODUCTION DATE FIRST PRODUCTION June 2, 1972 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut in		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Well is shut in awaiting gas connection	
35. LIST OF ATTACHMENTS Above listed logs and deviation tests		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED _____		TITLE Dist. Admin. Super.	
DATE June 9, 1972		DATE June 9, 1972	

*(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 (SED. 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
NO LOGS OR CORES WERE TAKEN				Zone 1	1000	
				Zone 2	1000	
				Zone 3	1000	
				Zone 4	1000	