

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 _____		5. LEASE DESIGNATION AND SERIAL NO. MM 051137	
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 Artec Oil & Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 8, Hobbs N.M. 240		8. FARM OR LEASE NAME Federal KW	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) 660' FWL & 660' FWL Sec 4, T 26s-R 30s		9. WELL NO. 1	
At top prod. interval reported below 660' FWL & 660' FWL Sec 4, T 26s-R 30s		10. FIELD AND POOL, OR WILDCAT Wildcat	
At total depth		11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA Sec 4 T 26s R 30s	
14. PERMIT NO.		DATE ISSUED 10-15-75	
15. DATE SPUDDED 10-24-75		16. DATE T.D. REACHED 11-1-75	
17. DATE COMPL. (Ready to prod.) Dry		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3170 Ground	
19. ELEV. CASINGHEAD 3172'		20. TOTAL DEPTH, MD & TVD 1950'	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 1950'		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 None	
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	
LINER RECORD		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) None		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION		WELL STATUS (Producing or shut-in)	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
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	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED _____		TITLE _____	
DATE _____		DATE _____	

*(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 report 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 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
Rustler Salado TD	1050' 1200' 1950'	1200' 1950'	Anhy & sand Salt & anhy			