

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(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 ☐	GAS WELL ☒	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☒	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR Skelly Oil Company						5. LEASE DESIGNATION AND SERIAL NO. Cont. #34	
3. ADDRESS OF OPERATOR P. O. Box 730 - Hobbs, New Mexico						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FNL & 1980' FNL Sec. 27-25N-5W At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME -----	
14. PERMIT NO. -----						8. FARM OR LEASE NAME Jicarilla "C"	
15. DATE SPUDDED -----						9. WELL NO. 24	
16. DATE T.D. REACHED -----						10. FIELD AND POOL, OR WILDCAT Otero Chacra	
17. DATE COMPL. (Ready to prod.) May 31, 1966						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 27-25N-5W	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* -----						12. COUNTY OR PARISH Rio Arriba	
19. ELEV. CASINGHEAD -----						13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 6300'		21. PLUG BACK T.D., MD & TVD 3783'		22. IF MULTIPLE COMPL., HOW MANY* -----		23. INTERVALS DRILLED BY -----	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3622'-3644' - Intervals - Chacra						25. WAS DIRECTIONAL SURVEY MADE -----	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						27. WAS WELL CORED -----	
28. CASING RECORD (Report all strings set in well) SEE COMPLETION LOG DATED MAY 8, 1959						29. LINER RECORD -----	
30. TUBING RECORD 2-3/8"						31. PERFORATION RECORD (Interval, size and number) Perf. 5-1/2"OD casing with 4 shots per foot as follows: 3622-3628', 6' and 24 shots; 3630-3644', 14' and 56 shots, for a total of 20' and 80 shots.	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 3622-3644'						33. PRODUCTION May 31, 1966 Flowing Shut-in	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold						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

(ORIGINAL)
(SIGNED) **H. E. Asb**

TITLE

District Superintendent

DATE

June 1, 1966

*(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 USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH

See completion log dated May 8, 1959.