

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 _____				5. LEASE DESIGNATION AND SERIAL NO. 302	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE	
2. NAME OF OPERATOR J. L. FOUTZ				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR BOX 307 - FARMINGTON, NEW MEXICO				8. FARM OR LEASE NAME ON HUMBLE LEASE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface SE1/4 NE1/4 SEC.29 28N 1E At top prod. interval reported below At total depth				9. WELL NO. RAYOS #1	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT	
15. DATE SPUDDED 1-22-63 16. DATE T.D. REACHED 5-1-63 17. DATE COMPL. (Ready to prod.) 6-15-63 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7108				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SE1/4 NE1/4 SEC.29 28N 1E	
20. TOTAL DEPTH, MD & TVD 2270		21. PLUG, BACK T.D., MD & TVD 1250		22. IF MULTIPLE COMPL., HOW MANY* X	
23. INTERVALS DRILLED BY →				24. WAS DIRECTIONAL SURVEY MADE NO	
25. WAS WELL CORED NO				26. TYPE ELECTRIC AND OTHER LOGS RUN INDUCTION GAMMA RAY	
27. WAS WELL CORED NO					
28. CASING RECORD (Report all strings set in well)					
CASING SIZE 12" 7" OD		WEIGHT, LB./FT.		DEPTH SET (MD) 100 1010	
HOLE SIZE		CEMENTING RECORD 50 SACKS 100 SACKS		AMOUNT PULLED	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
NONE		NONE		NONE	
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
NONE		NONE		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) PUMPED BUT DIDN'T GET FRAC OIL BACK			WELL STATUS (Producing or shut-in)
DATE OF TEST		HOURS TESTED		CHOKE SIZE	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
OIL—BBL.		GAS—MCF.		WATER—BBL.	
OIL GRAVITY-API (CORR.)		TEST WITNESS APR 20 1964 OIL CON. COM. DIST. 3			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
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 J. L. Foutz		TITLE		DATE 4-20-64	

*(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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH