

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBBS OFFICE O. C. C.

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.
New Hope Unit NM042253-A

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

2. NAME OF OPERATOR
Kern County Land Company

7. UNIT AGREEMENT NAME
New Hope Unit

3. ADDRESS OF OPERATOR
V & J Tower Midland, Texas

8. FARM OR LEASE NAME
New Hope Unit

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1980 feet from North line and 660 feet from East line**

9. WELL NO.
2

At top prod. interval reported below **No productive interval**

10. FIELD AND POOL, OR WILDCAT
Wildcat

At total depth **2021.84 feet from North line and 594.83 feet from East line.**

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
**Section 22
T-7-S, R-33-E**

14. PERMIT NO. DATE ISSUED

12. COUNTY OR PARISH
Roosevelt

13. STATE
New Mexico

15. DATE ~~RE-ENTRY~~ 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

10-27-63 **11-25-63** **Plugged 11-27-63** **4402 KB** **4387.00**

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS
9475-9462.04 **0 to 9475**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE
None **Yes**

26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED
Sonic, Micro Laterolog, Laterlog **No**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48.00	324.71	18"	275 sacks	None
8 5/8	32.00	3440	11"	275 sacks	None
4 1/2	11.60	9315	7 7/8"	150 sacks	7050'

29. LINER RECORD 30. 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) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION **None** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

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 Quinn T. Leflow TITLE **District Engineer** DATE **December 2, 1963**

*(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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				MEAS. DEPTH	TOP TRUE VEET. DEPTH	
None				Yates San Andres Glorietta Clearfork Tubbs Abo Wolfcamp Bough "C" Strawn Bend	2246 3381 4688 5441 6206 7054 7620 8560 9142 9408	2245.61 3380.60 4687.60 5440.56 6205.51 7053.42 7619.33 8559.07 9137.08 9395.04