

NMOC - ARTESIA
NMOC - HOBBS
BLM - SANTA FE

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY WASHINGTON, D. C.

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM - 0557567

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Richardson-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 30, T11S, R31E, N.M.P.M.

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other (Plugged dry)

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other

2. NAME OF OPERATOR
Sun Oil Company

3. ADDRESS OF OPERATOR
Box 2792, Odessa, Texas 79760

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 660' from S line & 660' from E line of Sec. 30, T 11 S, R31E
At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 6-15-68 16. DATE T.D. REACHED 6-27-68 17. DATE COMPL. (Ready to prod.) 6-30-68 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4146 DF, 4147 RKB, 4142 G 19. ELEV. CASINGHEAD 4142'

20. TOTAL DEPTH, MD & TVD 4500' 21. PLUG, BACK T.D., MD & TVD - 22. IF MULTIPLE COMPL., HOW MANY* - 23. INTERVALS DRILLED BY ROTARY TOOLS 0-4500' CABLE TOOLS -

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* - 25. WAS DIRECTIONAL SURVEY MADE yes

26. TYPE ELECTRIC AND OTHER LOGS RUN Laterlog, Sonic, Gamma Ray, Microlaterolog, Neutron 27. WAS WELL CORED no

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	20#, 24#	450	12 1/4	300 sks	none

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
	none				none		

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL (MD)	SIZE	DEPTH INTERVAL (MD)	DESCRIPTION
	none	None	

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33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
none		P&A					
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
Deviation Survey- Laterolog, Microlaterolog, Neutron, Sonic - Gamma Ray.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED J. E. Edison TITLE Area Superintendent DATE 8-1-68

ACCEPTED FOR RECORD (See Instructions and Spaces for Additional Data on Reverse Side)
J. W. Southard District Engineer

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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Red sand	0	270		Yates	1756'	
Red Bed	270	450		Queens	2472'	
Red bed & sand	450	862		San Andres	3030'	
Red bed & anhy.	862	990		Glorietta	4300'	
Salt & Anhy.	990	2485				
Anhy.	2485	3134				
Anhy. & Lime	3134	3259				
Lime	3259	3420				
Anhy. & Lime	3420	3487				
Lime	3487	4301				
Sand & Lime	4301	4423				
Lime & shale	4423	4500 TD				

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