

N. M. O. G. C. UNIT
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 WELL
 b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other

2. NAME OF OPERATOR
McGrath & Smith, Inc.

3. ADDRESS OF OPERATOR
418 Bldg. of the Southwest, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **660' FSL & 1980' FEL**

At top prod. interval reported below **Same**
At total depth **Same**

14. PERMIT NO. **-** DATE ISSUED **7-15-70**

15. DATE SPUNDED **7-29-70** 16. DATE T.D. REACHED **8-3-70** 17. DATE COMPL. (Ready to prod.) **8-17-70** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **G.L. 3924 K.B. 3935** 19. ELEV. CASINGHEAD **-**

20. TOTAL DEPTH, MD & TVD **2800** 21. PLUG, BACK T.D., MD & TVD **2272** 22. IF MULTIPLE COMPL., HOW MANY* **-** 23. INTERVALS DRILLED BY ROTARY TOOLS **all** CABLE TOOLS **none**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* **2175 - 2184** 25. WAS DIRECTIONAL SURVEY MADE **no**

26. TYPE ELECTRIC AND OTHER LOGS RUN **GR-Acoustilog, MLL, LL** 27. WAS WELL CORED **yes**

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	357	11"	175 sx	-0-
4 1/2	9.5, 10.5	2299	7 7/8"	175 sx	-0-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
None				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	2187	none

31. PERFORATION RECORD (Interval, size and number)
2175 - 2184 18 holes
CAOF Test Results shown below.
CAOF Test Attached.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2175-84	500 Acfd

33.* PRODUCTION

DATE FIRST PRODUCTION **8-17-70** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **flow** WELL STATUS (Producing or shut-in) **SI**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-17-70	9 3/4	1/16-3/16	→	-0-	196 *	-0-	-

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
257 - 648	285 - 675	→	-0-		-0-	-

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **S.I. Completed as S.I. Gas Well - no market** TEST WITNESSED BY **Harry LeGendre**

35. LIST OF ATTACHMENTS
Deviations, Log, Core Analysis, CAOF Test on C-122, DST.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED **[Signature]** TITLE **Superintendent** DATE **9-8-70**

*(See Instructions and Spaces for Additional Data on Reverse Side)

* 7.3% Nitrogen

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 23. 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
Queen (Caprock Zone)	2173	2485	Gas DST 2171-93, Open 1:30, Gas; 02 F. 250 MCF/GPD, Rec. 80; HGCM, 60" ISIP 822, FP 75-75, 1:30 FSIP 822	Anhydrite	680	
				Top Salt	770	
				Base Salt	1300	
				Yates	1424	
				7 Rivers	1564	
				Queen	2173	
				Penrose	2267	
				San Andres	2275	

RECEIVED

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COMPLETION COMM.