

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.

5. LEASE DESIGNATION AND SERIAL NO.

**LC-068281-B**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Russell-Federal**

9. WELL NO.

**1**

10. FIELD AND POOL, OR WILDCAT

**East Mason Delaware**

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

**Sec. 20, T26S, R32E**

12. COUNTY OR PARISH

**Lea**

13. STATE

**N. M.**

**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

**Thorn and Grauten**

3. ADDRESS OF OPERATOR

**c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

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

At surface **995' FNL & 2332' FEL of Section 20**

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

**3/16/66**

16. DATE T.D. REACHED

**3/29/66**

17. DATE COMPL. (Ready to prod.)

**4/17/66**

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\*

**3163 GR**

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

**4344**

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL., HOW MANY\*

23. INTERVALS DRILLED BY

ROTARY TOOLS

**0 - 4333**

CABLE TOOLS

**4333 - TD**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

**Open hole 4333-4344**

25. WAS DIRECTIONAL SURVEY MADE

**Yes**

26. TYPE ELECTRIC AND OTHER LOGS RUN

**None**

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
10 3/4	32#	25	12 1/4	25	
7	20#	1200	8 3/4	190	
4 1/2	9.5#	4333	6 1/4	50	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	4314	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
4333-44	100 gal acid; 1000 gal oil, 1500# sand.

33.\* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
4/17/66	Flow	Producing					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4/17/66	6	8/64	→	24	29	None	1208
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
600#	100#	→	96	115	None	41	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

**Vented**

TEST WITNESSED BY

**Bill Grauten**

35. LIST OF ATTACHMENTS

**None**

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

SIGNED

*H. L. Smet*

TITLE

**Agent**

DATE

**May 26, 1966**

# 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	GEOLOGIC MARKERS
Water Sand	230	240	No measurable amount of water	Base Salt	4085
Anhydrite	1330	Unknown	Water, probably salty	Top Pay	4340

  

MEAS. DEPTH	TOP	TRUE VERT. DEPTH
4085		
4340		