

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

OCT 20 1965

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

Oil of mineral

1g. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

2. Name of Operator
Dr. Sam G. Dunn

3. Address of Operator
P.O. Box 192 Artesia, N.M.

4. Location of Well
Linda San Andres

7. Unit Agreement Name
Pendergrass

8. Farm or Lease Name
3

9. Well No.
3

10. Field and Pool, or Wildcat
Linda San Andres

UNIT LETTER **A** LOCATED **330** FEET FROM THE **North** LINE AND **330** FEET FROM **East** LINE OF SEC. **6** TWP. **7S** RGE. **26-E** NMPM

12. County
Chaves.

15. Date Spudded **6-16-1965** 16. Date T.D. Reached **6-29-1965** 17. Date Compl. (Ready to Prod.) **9-17-1965** 18. Elevations (DF, RKB, RT, GR, etc.) **3602** 19. Elev. Casinghead

20. Total Depth **1026** 21. Plug Back T.D. **1026** 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By **Rotary Tools** Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name
984-1015 Slaughter San Andres

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Gamma Neutron

27. Was Well Cored
yes

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	32	125	9 5/8	125 Sacks	None
4 1/2	9 1/2	1026	6 3/4	350 Sacks Circulated	None

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8	1015	None

31. Perforation Record (Interval, size and number)

984-986	1013 -1015
991-993	
999 1001	3 1/2" holes per foot
1003-1005	

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
984-1015	8500 gallons 15% Acid

33. PRODUCTION

Date First Production **9-18-1965** Production Method (Flowing, gas lift, pumping - Size and type pump) **Pumping 1 1/2" O'Bannon pump** Well Status (Prod. or Shut-in) **Producing**

Date of Test **9-23-1965** Hours Tested **24** Choke Size **2 1/2"** Prod'n. For Test Period
Oil - Bbl. **5** Gas - MCF **Trace** Water - Bbl. **30** Gas-Oil Ratio

Flow Tubing Press. _____ Casing Pressure _____ Calculated 24-Hour Rate _____ Oil - Bbl. **5** Gas - MCF **Trace** Water - Bbl. **30** Oil Gravity - API (Corr.) **23**

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
Vented. Test Witnessed By **23**

35. List of Attachments

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED *Shelma Noel Wilson* TITLE *Agent* DATE *10-18-1965*

