

Copy to  
J. J.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE 3\*

(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  Other \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESVR.  Other **MAY 11 1965**

2. NAME OF OPERATOR **Sinclair Oil & Gas Company**

3. ADDRESS OF OPERATOR **P. O. Box 1920, Hobbs, New Mexico**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface **1980' from the North line and 1980' from the West line**

At top prod. interval reported below

At total depth **as above**

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

5. LEASE DESIGNATION AND SERIAL NO.  
**Las Cruces 029435 b**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**J. L. Keel "B" Jr. 2**

9. WELL NO.  
**6**

10. FIELD AND POOL, OR WILDCAT  
**Grayburg-Jackson**

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  
**8-T17S-R31E**

12. COUNTY OR PARISH  
**Eddy**

13. STATE  
**New Mexico**

15. DATE SPUNDED **4-6-65** 16. DATE T.D. REACHED **4-24-65** 17. DATE COMPL. (Ready to prod.) **5-3-65** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* **3753' GR** 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD **3680'** 21. PLUG, BACK T.D., MD & TVD \_\_\_\_\_ 22. IF MULTIPLE COMPL., HOW MANY\* \_\_\_\_\_ 23. INTERVALS DRILLED BY \_\_\_\_\_ ROTARY TOOLS \_\_\_\_\_ CABLE TOOLS **3400'-3680'**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
**2856' to 3680' Grayburg**

25. WAS DIRECTIONAL SURVEY MADE  
**Yes**

26. TYPE ELECTRIC AND OTHER LOGS RUN  
**None**

27. WAS WELL CORED  
**No**

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

MAY 6 1965

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					<b>2-7/8"</b>	<b>2855'</b>	<b>-</b>

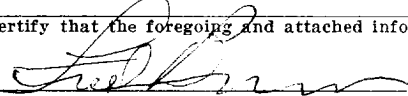
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL (MD)	SIZE	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<b>3400' to 3680'</b>	<b>(Open-hole)</b>	<b>3413'-3680'</b>	<b>2,000 gals. B.D.A.</b>

33.\* PRODUCTION  
DATE FIRST PRODUCTION **5-3-65** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Pumping (2" Bore Pump)** WELL STATUS (Producing or shut-in) **Producing**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
<b>5-3-65</b>	<b>24</b>	<b>Pump</b>		<b>95</b>	<b>35</b>	<b>0</b>	<b>370:1</b>

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Sold** TEST WITNESSED BY **Fred Strickland**

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  TITLE **Superintendent** DATE **5-5-65**

\*(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.)

37. SUMMARY OF POROUS ZONES:		38. GEOLOGIC MARKERS	
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		NAME	MEAS. DEPTH
FORMATION	TOP	BOTTOM	TRUE VERT. DEPTH
DESCRIPTION, CONTENTS, ETC.		TOP	TRUE VERT. DEPTH