

U. S. G. C. COPY
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 *

5. LEASE DESIGNATION AND SERIAL NO. **LC-029415-A**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME **Puckett "A"**

9. WELL NO. **29**

10. FIELD AND POOL, OR WILDCAT **Maljamar**

11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA **Sec. 24-178-31E**

12. COUNTY OR PARISH **Eddy**

13. STATE **New Mexico**

14. PERMIT NO. _____ DATE ISSUED **JAN 29 1965**

15. DATE SPUNDED **Dec. 9, 1964**

16. DATE T.D. REACHED **Jan. 12, 1965**

17. DATE COMPL. (Ready to prod.) **Jan. 25, 1965**

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **3929 DF**

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD **3961**

21. PLUG, BACK T.D., MD & TVD **3943**

22. IF MULTIPLE COMPL., HOW MANY* _____

23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS **All**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* **3703-3938**

25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN **Gamma Ray-Neutron and Cement Bond**

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"		625'			150 ex.
5-1/2"	15.5# J-55	3960'		150 ex. 4% Gel rag. cement + 150 ex. Mast + 200 ex. Mast.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD
					SIZE 2" DEPTH SET (MD) 3745' PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

3703-11 - 4 jet shots/ft.
3915-23 - 4 jet shots/ft.
3932-38 - 4 jet shots/ft.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3703-11	1,000 gals. 15% H-38 acid
3915-38	1,000 gals. 15% H-38 acid

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) **Injection well.**

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 _____

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

SIGNED Ralph L. Gray TITLE Consulting Engineer. DATE Jan. 27, 1965

*(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 38, 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 POKO'S ZONES:
 SHOW ALL INTERVAL 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

FORMATION	TOP		BOTTOM		DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
	MEAS.	DEPTH	MEAS.	DEPTH			MEAS.	DEPTH
San Andres		3701		3711	Dolomite	T. Analytic		588
		3915		3923			T. Sale	745
		3932		3938			B. Sale	1788
				Dolomite	T. Queen	2929		
					T. San Andres	3686		

38. GEOLOGIC MARKERS