

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-070286

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hudson Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 4, T21S, R29E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOGS

1a. TYPE OF WELL: OIL WELL GAS WELL DR Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
Stoltz & Company

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Box 763, Hobbs, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 838.4' FNL & 1650' FWL of Section 4
At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPULDED 8/19/66 16. DATE T.D. REACHED 10/25/66 17. DATE COMPL. (Ready to prod.) 11/8/66 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3428.7 GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 11,653 21. PLUG, BACK T.D., MD & TVD 11,170 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 11,098-11,102 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Logs furnished directly by logging Company 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
16	55#	566	20	400	None
11 3/4	42#	1624	15	1075	None
8 5/8	24#	4052	11	1075	None
5 1/2	17# & 20#	11,475	7 7/8	675	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8		10,970

31. PERFORATION RECORD (Interval, size and number)
11,098 to 11,102

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
	No treatment - natural

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumpin)—size and type of pump	WELL STATUS (Producing or shut-in)					
11/8/66	Flow	Shut in					
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11/10/66	1	13/64	→	5.4	172.9	None	32,000
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BB.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
3300	Pkr	→	129.7	4150	None	54.5	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
To be sold TEST WITNESSED BY Jack Brown

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. Smith TITLE Agent DATE 12/19/66

*(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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
38. GEOLOGIC MARKERS			
	TOP		
	MEAS. DEPTH		
	TRUE VERT. DEPTH		
	NAME		
	175		Anhydrite
	488		Salt
	1524		Base Salt
	1648		Yates
	1918		Capitan Reef
	3663		Delaware
	6638		Bone Springs
	9935		Wolfcamp Lime
	11,060		Strawn
	11,618		Atoka