

**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.

Copy of

4

5. LEASE DESIGNATION AND SERIAL NO.

LG-068132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Crandell Phillips

9. WELL NO.

1

10. FIELD OR POOL, OR WILDCAT

Linda San Andres

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

Sec. 34, T6E, R26E, NMPH

12. COUNTY OR PARISH

Chaves

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
Dr. Sam G. Dunn

3. ADDRESS OF OPERATOR
1312 Main, Lubbock, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1650 ft. FSL, 331.73 ft. from West line**

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **Jan., 1964** 16. DATE T.D. REACHED **1-31-64** 17. DATE COMPL. (Ready to prod.) **May 1, 1964** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **3680.3 GL** 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD **1211** 21. PLUG, BACK T.D., MD & TVD **1210** 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS **X** CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
1148-1168 Slaughter San Andres 25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray Neutron 27. WAS WELL CORED **Yes**

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"	28#	105	11"	50 SXS	None
4-1/2"	9.5#	1210	6-3/4"	50 SXS	None

29. LINER RECORD RECEIVED					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
			MAY 2 2-1964		2"	1130	None

31. PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
1148-1168 (2 shots per foot)	O. C. C. ARTESIA, OFFICE
	DEPTH INTERVAL (MD) 1148-1168
	AMOUNT AND KIND OF MATERIAL USED Jet perforated 2 shots per ft. Treated w/1000 gal. 15% acid water, 14,000 gal. 35% acid water & 7,000# sand.

33.* PRODUCTION							
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)		
May 2, 1964	Pumping - 1-25/32 insert pump				producing		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
May 9, 1964	24	None	→	12	TSTM	25	None
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
None	None	→					

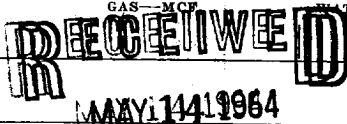
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented** TEST WITNESSED BY **L. R. McFaulin**

35. LIST OF ATTACHMENTS

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

SIGNED Pat. Thompson TITLE **Agent** DATE **May 14, 1964**

*(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.	NAME	GEOLOGIC MARKERS
	0 737	737 1211	Red bed, shale, sand, anhy Dol., anhy		38.
					38.