

RECEIVED
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
BLM - SANTA FE
OCT 6 1966
WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

SUBMIT IN DUPLIC.

Form approved.
Budget Bureau No. 42-R355.5.

1a. TYPE OF WELL ☐ GAS WELL ☐ DRY ☒ Other _____
b. TYPE OF WELL ☐ NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other **Plugged**
2. NAME OF OPERATOR **Grover, MacCurdy and Hoffacker**
3. ADDRESS OF OPERATOR **306 Midland National Bank Bldg., Midland, Texas**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **660' FNL & 660' FWL, Sec 24, T9S, R29E**
At top prod. interval reported below **same**
At total depth **same**

14. PERMIT NO. _____ DATE ISSUED **9-12-66**
15. DATE SPUDDED **9-15-66** 16. DATE T.D. REACHED **9-23-66** 17. DATE COMPL. (Ready to prod.) **P&A 9-25-66** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **4005 GR** 19. ELEV. CASINGHEAD _____
20. TOTAL DEPTH, MD & TVD **3350' & 3350'** 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY **0 to 3350'** ROTARY TOOLS **none** CABLE TOOLS **none**
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—(Top, Bottom, Same as Above and TVD)* **RECEIVED** 25. WAS DIRECTIONAL SURVEY MADE **No**
26. TYPE ELECTRIC AND OTHER LOGS RUN **OCT 7 1966** 27. WAS WELL CORED **No**

28. CASING RECORD (Report all strings set in well)
CASING SIZE **8 5/8"** WEIGHT, LB./FT. **24** DEPTH SET **397** CEMENTING RECORD **270 #x 4% Cs Cl** AMOUNT PULLED **none**

29. LINER RECORD
SIZE **none** TOP (MD) _____ BOTTOM (MD) _____ SACKS CEMENT* _____ SCREEN (MD) _____
30. TUBING RECORD
SIZE **none** DEPTH SET (MD) _____ PACKER SET (MD) _____

31. PERFORATION RECORD (Interval, size and number)
None
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD) _____ AMOUNT AND KIND OF MATERIAL USED _____

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

Ben T. Hoffacker

TITLE

Partner

DATE

9-28-66

*(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.)

37. SUMMARY OF POROUS ZONES: 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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
San Andres	3230	3250	Light tan fine cryst to granular dolomite light oil odor w/yellow fluor.	Yates	1320	1920
San Andres	3210	3350	DST No. 1. Tool open 60 min. Fair blow air decreasing to weak blow. Red 975' muddy SW, no shows. 30 min ISIP - 1184 psig Initial flow - 212 psig Final flow - 297 psig 60 min FSIP - 1163 psig Hyd pressure in & out - 1798 psig	San Andres P-1 Marker	2510 3036	
No cores were taken						