

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 LOGS

|                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------|------------------------------------|
| 1a. TYPE OF WELL:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> TRY <input checked="" type="checkbox"/> Other _____                                                                                                                                                                             |                 | 1b. TYPE OF COMPLETION:<br>NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DUMP BEVEL <input type="checkbox"/> Other _____ |                                  | JAN 17 1966                                          |                                    |
| 2. NAME OF OPERATOR<br>TEXACO Inc.                                                                                                                                                                                                                                                                                       |                 |                                                                                                                                                                                                                                |                                  | ARTESIAL OFFICE                                      |                                    |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 728 - Hobbs, New Mexico                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):<br>At surface Well located 660' from the South line, and 660' from the West Line of Section 35, T-26-S, R-1-E, Dona Ana County, New Mexico.<br>At top prod. interval reported below<br>Unknown<br>At total depth<br>Unknown |                 |                                                                                                                                                                                                                                |                                  | 14. FERTILIZER NO.<br>Regular                        |                                    |
| 15. DATE SPUNDED<br>Oct. 29, 1965                                                                                                                                                                                                                                                                                        |                 |                                                                                                                                                                                                                                |                                  | 16. DATE T.D. REACHED<br>Jan. 3, 1966                |                                    |
| 17. DATE COMPLETION (If day & month)<br>Plug and Abandon                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                                |                                  | 18. INTERVALS (DE. RRB, RT, GR, ETC.)<br>11' (D. F.) |                                    |
| 20. TOTAL DEPTH, MD & TVD<br>6620'                                                                                                                                                                                                                                                                                       |                 |                                                                                                                                                                                                                                |                                  | 21. PLUG, BACK T.D., MD & TVD<br>- - -               |                                    |
| 22. INTERVALS COMPLETED<br>Abandon                                                                                                                                                                                                                                                                                       |                 |                                                                                                                                                                                                                                |                                  | 23. INTERVALS DRILLED BY<br>6620'                    |                                    |
| 24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)<br>Plug & Abandon                                                                                                                                                                                                                            |                 |                                                                                                                                                                                                                                |                                  | 25. WAS DIRECTIONAL SURVEY MADE<br>YES               |                                    |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN<br>Gamma-Gamma Density Log, and Gamma Ray Sonic Log.                                                                                                                                                                                                                                |                 |                                                                                                                                                                                                                                |                                  | 27. WAS WELL CORED<br>YES                            |                                    |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                                                                                                       |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| CASING SIZE                                                                                                                                                                                                                                                                                                              |                 | WEIGHT, LB./FT.                                                                                                                                                                                                                | DEPTH SET (MD)                   | HOSE SIZE                                            | CEMENTING RECORD                   |
| 13 3/8"                                                                                                                                                                                                                                                                                                                  | 18.00           | 323'                                                                                                                                                                                                                           | 17 1/2"                          | 250 Sx.                                              | AMOUNT PULLED                      |
| 9 5/8"                                                                                                                                                                                                                                                                                                                   | 36.00           | 2435'                                                                                                                                                                                                                          | 12 1/4"                          | 1100 Sx.                                             | NONE                               |
|                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                                                                                |                                  |                                                      | NONE                               |
| 29. LINER RECORD                                                                                                                                                                                                                                                                                                         |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| SIZE                                                                                                                                                                                                                                                                                                                     | TOP (MD)        | BOTTOM (MD)*                                                                                                                                                                                                                   | PACKS CEMENT*                    | SCREEN (MD)                                          |                                    |
| NONE                                                                                                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| 30. TUBING RECORD                                                                                                                                                                                                                                                                                                        |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| SIZE                                                                                                                                                                                                                                                                                                                     | DEPTH SET (MD)  | PACKER SET (MD)                                                                                                                                                                                                                |                                  |                                                      |                                    |
|                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| 31. PERFORATION RECORD (Interval, size and number)<br>Plug & Abandon                                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| DEPTH INTERVAL (MD)                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                                                                                | AMOUNT AND KIND OF MATERIAL USED |                                                      |                                    |
| Plug & Abandon                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| 33.* PRODUCTION                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| DATE FIRST PRODUCTION<br>Plug & Abandon                                                                                                                                                                                                                                                                                  |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)                                                                                                                                                           |                                  |                                                      | WELL STATUS (Producing or shut-in) |
| DATE OF TEST                                                                                                                                                                                                                                                                                                             | HOURS TESTED    | CHOKE SIZE                                                                                                                                                                                                                     | PROD'N. OR TEST PERIOD           | OIL—BBL.                                             | GAS—MCF.                           |
| - - -                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| FLOW. TUBING PRESS.                                                                                                                                                                                                                                                                                                      | CASING PRESSURE | CALCULATED 24-HOUR RATE                                                                                                                                                                                                        | OIL—BBL.                         | GAS—MCF.                                             | WATER—BBL.                         |
| - - -                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)<br>- - -                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| 35. LIST OF ATTACHMENTS<br>NONE                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records                                                                                                                                                                                        |                 |                                                                                                                                                                                                                                |                                  |                                                      |                                    |
| SIGNED<br>Dan J. Platt                                                                                                                                                                                                                                                                                                   |                 | TITLE<br>Assistant District Superintendent                                                                                                                                                                                     |                                  | DATE<br>January 6, 1966                              |                                    |

\*(See Instructions and Spaces for Additional Data on Reverse Side)

RECEIVED  
JAN 10 1966  
U. S. GEOLOGICAL SURVEY  
ARTESIAL DIV.

# 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:<br>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<br>TRUE VERT. DEPTH |
|                                                                                                                                                                                                                                                    |     |        | Core No. 1 from 5256' to 5281', 100% recovery, Recovered 25' of granite wash. No show of oil or gas. Job complete 3:30 P. M. December 16, 1965.  |                |             |                         |
|                                                                                                                                                                                                                                                    |     |        | Core No. 2 from 6592' to 6602', 100% recovery, Recovered 10' of shale, with no show of oil or gas. Job complete 7:15 A. M. January 2, 1966.      | Top of Vol Ash | 2010'       |                         |
|                                                                                                                                                                                                                                                    |     |        | Core No. 3 from 6602' to 6620', 100% recovery, Recovered 18' of vol ash & shale, no show of oil or gas. Job complete 8:00 A. M. January 3, 1966. |                |             |                         |
|                                                                                                                                                                                                                                                    |     |        | Estimate Number 8466                                                                                                                             |                |             |                         |
|                                                                                                                                                                                                                                                    |     |        | All measurements from rotary table or 11' above ground level.                                                                                    |                |             |                         |
|                                                                                                                                                                                                                                                    |     |        | 6 - USGS Office - Artesia, New Mexico                                                                                                            |                |             |                         |
|                                                                                                                                                                                                                                                    |     |        | 1 - NMOC Office - Artesia, New Mexico                                                                                                            |                |             |                         |