

NMOCC 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.

Copy to #1

5. LEASE DESIGNATION AND SERIAL NO.

NM 13632

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sundance Federal #3

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat et al

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

25-12S-29E

12. COUNTY OR PARISH

Chaves

13. STATE

N. Mex.

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 _____

AUG 2 1978

2. NAME OF OPERATOR

DEPCO, Inc.

**U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**

3. ADDRESS OF OPERATOR

800 Central, Odessa, Texas 79761

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface **Unit Letter J, 1980' FS & EL, Sec. 25, T12S, R29E**

At top prod. interval reported below

At total depth

14. PERMIT NO. **AUG - 7 1978** DATE ISSUED

15. DATE SPUNDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready for prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

3-16-78

4-25-78

6-16-78

O.C.C. ARTESIA, OFFICE 3812.6 Br.

3812.6

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. ROTARY TOOLS 25. CABLE TOOLS

9523

9262.

→

0-9523

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE

8886-98 Atoka

No

26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORRED

DLL-CN/FD

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48	300	17 1/2	400	0
8 5/8	24 & 32	2401	11	500	0
4 1/2	11.6	9304	7 7/8	900	0

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	8812	8812

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

8886-98 .37"/2SPF

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8886-98	3000 gal. 7 1/2% acid
	12000 gal. 3% acid with
	21,500# sand.

33.* PRODUCTION

DATE FIRST PRODUCTION 6-17-78 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **Shut-in**

DATE OF TEST 7-17-78 HOURS TESTED 5 hrs. CHOKER SIZE 4/64-13/64 PROD'N. FOR TEST PERIOD → OIL—BBL. 4 GAS—MCF. 163 WATER—BBL. 0 GAS-OIL RATIO 28.458

FLOW. TUBING PRESS. 1950-1625 CASING PRESSURE Packer CALCULATED 24-HOUR RATE → OIL—BBL. 19 GAS—MCF. 782 WATER—BBL. 0 OIL GRAVITY-API (CORR.) N.A.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

Awaiting Contract

35. LIST OF ATTACHMENTS

C-122, Dev. survey, Logs.

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

SIGNED *[Signature]* **D. R. Mason**

TITLE **Chief Clerk**

DATE **7-28-78**

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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Core No. 1 9406-9462 Rec. 54-B			DST #1 8580-8702 IHP 4339#, 30 min. IF 70-70#, 60 min SI 105#, 60 min FF 88-88#, 120 min. SI 105#. FHP 4339#, Rec. 30' DF. Temp 148°.	Yeses Ben Andres Glorieta	1073 2375 3746 5200 6038 7042 7712 8015 8500 8793 8991 9165	
			DST #2 8780-8902 IHP 4580#, 30 min IF 177#124#, 60 min SI 2908#, 60 min. FF 142-124#, 180 min. SI 2926#, FHP 4384#. Rec. 263' GCDF. Temp 122°	Abc Wolfcamp Cisco Canyon Strawn Atoka Chester Mass. ls.		