

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(S. other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM-37963	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Getty Oil Company		7. UNIT AGREEMENT NAME West Elephant Butte Fed	
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface Unit Ltr. 0, 1650' FEL & 990' FSL At top prod. interval reported below At total depth		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Wildcat	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 3, T-13S, R-4W	
15. DATE SPUNDED 10-6-82		12. COUNTY OR PARISH Sierra	
16. DATE T.D. REACHED 12-7-82		13. STATE NM	
17. DATE COMPL. (Ready to prod.) P & A		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4573' G.L.	
19. ELEV. CASINGHEAD -		20. TOTAL DEPTH, MD & TVD 7552'	
21. PLUG, BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY ROTARY TOOLS 0'-7552'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None - P & A	
25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN BHC Sonic GR, CNL Litho Density, Dual induction SFL	
27. WAS WELL CORED Yes		28. CASING RECORD (Report all strings set in well)	
Casing Size		Weight, lb./ft.	
11 3/4"		54#	
8 5/8"		32# & 24#	
Depth Set (MD)		Hole Size	
995'		14 3/4"	
3600'		10 5/8"	
Cementing Record		Amount Pulled	
700 SXS		-	
1660 SXS		-	
29. LINER RECORD		30. TUBING RECORD	
Size		Size	
Top (MD)		Depth Set (MD)	
Bottom (MD)		Packer Set (MD)	
Sacks Cement*		Screen (MD)	
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Depth Interval (MD)		Amount and Kind of Material Used	
33.* PRODUCTION		33.* PRODUCTION	
Date First Production		Production Method (Flowing, gas lift, pumping—size and type of pump)	
Well Status (Producing or shut-in)		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.)	
35. LIST OF ATTACHMENTS		35. LIST OF ATTACHMENTS	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED D.R. Crockett		TITLED Area Superintendent	
DATE December 15, 1982		DATE December 15, 1982	

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

General: This form is to be completed and correct well completion report: or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary specifications 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	TRUE VERT. DEPTH
Redbed & surface	0'	5128'	Sand, Gravel & Redbeds	Penn.	5128'	
Penn.	5128'	6728'	Lime & Shale	Montoya	6728'	
Montoya	6728'	6906'	Dolomite	El Paso	6906'	
El Paso	6906'	7334'	Sand, Dolomite & lime	Bliss	7334'	
Bliss	7334'	7462'	Lime & Dolomite	Granite	7462'	
Granite	7462'	7552'	Granite			