

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See 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 _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

RECEIVED

2. NAME OF OPERATOR

McCLELLAN OIL CORPORATION MAY 21 1973

3. ADDRESS OF OPERATOR

Box 848, ROSWELL, NEW MEXICO 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal Office)

At surface

At top prod. interval reported below

660 FNL & 860 FEL

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 12/30/72 16. DATE T.D. REACHED 2/9/73 17. DATE COMPL. (Ready to prod.) 3/12/73 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3702' G.L. 3703' D.F. 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 2450 21. PLUG, BACK T.D., MD & TVD 2436 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE

2362 - 2370

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

GAMMA RAY NEUTRON

27. WAS WELL CORED

No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT FULLED
8-5/8"	20 LB.	384'	10 1/2"	100 SX CIRC.	
4 1/2"	10 1/2 LB.	2430'	8"	150 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

2 SHOTS PER FOOT FROM 2362-2370

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2362 - 2370	500 ACID 20,000 GAL. WATER 20,000 LB. SAND

33.*

PRODUCTION

DATE FIRST PRODUCTION 3/12/73 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) FLOWING

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
4/5/73	24			0	SEE ATTACHMENT O		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
				2,207			

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

SHUT IN

TEST WITNESSED BY

RALPH ERWIN

35. LIST OF ATTACHMENTS

3 COPIES OF 4 POINT BACK PRESSURE TEST, TWO LOGS PREVIOUSLY FORWARDED.

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

SIGNED

TITLE

PRESIDENT

DATE

4/16/73

*(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 38. 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 DEPTH-SPEN 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
QUEEN	1614	1640	WATER	YATES	890	
PREMIER SAND	2360	2375	GAS	QUEEN	1614	
				SAN ANDRES	2386	