

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 030570 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Power Federal Comm.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cedar Lake Morrow

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

26 - 17S - 30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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. RESRV. Other

2. NAME OF OPERATOR
Anadarko Production Company ✓

3. ADDRESS OF OPERATOR
P. O. Box 67, Loco Hills, New Mexico 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 2200' FSL & 1650' FEL Sec. 26, T-17S, R-30E Eddy County, New Mexico
At top prod. interval reported below Same
At total depth Same

14. PERMIT NO. DATE ISSUED
Blanket on File

15. DATE SPUDDED 6-28-78 16. DATE T.D. REACHED 7-9-78 17. DATE COMPL. (Ready to prod.) Plugged & Abandoned 7-17-78 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3590.4 GL 19. ELEV. CASINGHEAD N/A

20. TOTAL DEPTH, MD & TVD 3500' 21. PLUG, BACK T.D., MD & TVD 0' 22. IF MULTIPLE COMPL., HOW MANY* → 23. INTERVALS DRILLED BY → X ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN No Electric Logs. Lost Hole. Collar Locator Ran Temp. Survey, Magna Log (Csg Insp) 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 PULLED
13-3/8"	48#	419'	17 1/4"	450 sx + 4 yds redmix	None
8-5/8"	24# & 28#	3498'	12 1/2"	1450 sx	1233'

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

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

33.* PRODUCTION
DATE FIRST PRODUCTION 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. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

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

35. LIST OF ATTACHMENTS
No Electric Logs run - lost hole

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
Original Signed by Jerry E. Buckles TITLE Area Supervisor DATE July 18, 1978

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

RECEIVED
JUL 18 1978
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	GEOLOGIC MARKERS
Salt	600	1180			
Tensill	1220	1345			
Yates	1345	1850			
7 Rivers	1850	2435			
Queen	2435	2850			
Grayburg	2840	3290			
San Andres	3290				