

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 _____		5. LEASE DESIGNATION AND SERIAL NO. N: 01414 0149314	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other <u>Re-entry</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR RTA Oil Producers		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 104 South Pecos, Midland, Texas 79701		8. FARM OR LEASE NAME Simmons 686 Ltd.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>Sec. 31, T-9N, R-34E</u> At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 9-16-68		16. DATE T.D. REACHED 9-25-68	
17. DATE COMPL. (Ready to prod.) 10-1-68		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4271' G.L.	
19. ELEV. CASINGHEAD 4271'		12. COUNTY OR PARISH Lea	
20. TOTAL DEPTH, MD & TVD 9778'		13. STATE New Mexico	
21. PLUG, BACK T.D., MD & TVD 9757'		10. FIELD AND POOL, OR WILDCAT Vadr-Penn	
22. IF MULTIPLE COMPL., HOW MANY*		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 31, T9S, R34E	
23. INTERVALS DRILLED BY → TD		12. COUNTY OR PARISH Lea	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 9739 - 49' w/2 JSPP		13. STATE New Mexico	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN GR-N	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 9739-49' w/2 JSPP		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 9739 - 49' AMOUNT AND KIND OF MATERIAL USED Acid. w/500 15% NE	
33.* PRODUCTION		33.* PRODUCTION	
DATE FIRST PRODUCTION 10-1-68		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump	
WELL STATUS (Producing or shut-in) Pumping		DATE OF TEST 10-2-68	
HOURS TESTED 24		CHOKE SIZE	
PROD'N. FOR TEST PERIOD →		OIL—BBL. 289	
GAS—MCF. 246		WATER—BBL. 920	
GAS-OIL RATIO 850		FLOW. TUBING PRESS.	
CASING PRESSURE		CALCULATED 24-HOUR RATE →	
OIL—BBL.		GAS—MCF.	
WATER—BBL.		OIL GRAVITY-API (CORR.) 44	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) vented		TEST WITNESSED BY Cecil Overcast	
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED <u>[Signature]</u>		TITLE <u>Production Supt.</u>	
DATE <u>10-3-68</u>			

*(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 33.

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:			38. GEOLOGIC MARKERS		
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			NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	TOP	
				Rustler Yates San Andres Abo Bough "C"	2104 2676 4038 7698 9732