

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 0449694	
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 W. S. Northcott		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 2055, Roswell, New Mexico		8. FARM OR LEASE NAME Northcott Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660 N. Line 1980' E. Line Sec 5 T9S R36E N4PM At top prod. interval reported below same At total depth same		9. WELL NO. No. 1	
14. PERMIT NO.		DATE ISSUED April 18, 1965	
12. COUNTY OR PARISH Lea		13. STATE N M	
15. DATE SPUNDED 4 27 65	16. DATE T.D. REACHED May 14, 1965	17. DATE COMPL. (Ready to prod.) June 2, 1965	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4113 DF
19. ELEV. CASINGHEAD 4105			
20. TOTAL DEPTH, MD & TVD 9842	21. PLUG, BACK T.D., MD & TVD 9838	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 9766' to 9783'		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Perforating Depth Control		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
4 1/2"	11.60	1206'	8-3/4"
4 1/2"	10.50	3428'	8-3/4"
4 1/2"	9.50	9252'	8-3/4"
4 1/2"	11.60	9838'	8-3/4"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
			SIZE 2 3/8"
			DEPTH SET (MD) 5910'
			PACKER SET (MD) -
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
9766' to 9768'	.375"	16	DEPTH INTERVAL (MD)
9774' to 9775'	.375"	4	AMOUNT AND KIND OF MATERIAL USED
9778' to 9783'	.375"	20	9766' to 9783'
			500 Gal 15% XPM
33.* PRODUCTION			
DATE FIRST PRODUCTION June 2, 1965	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) 1-3/4" X 30' Harbison Fisher		WELL STATUS (Producing or shut-in) Producing
DATE OF TEST June 26, 1965	HOURS TESTED 24	CHOKE SIZE ---	PROD'N. FOR TEST PERIOD →
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL. 22
			GAS—MCF. ---
			WATER—BBL. 345
			OIL GRAVITY-API (CORR.) 46
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented		TEST WITNESSED BY	
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

TITLE

Agent for W.S. Northcott, Operator

DATE

June 29, 1965

*(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 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						
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH