

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. ☐
2. NAME OF OPERATOR					
Stoltz & Company - Clark					
3. ADDRESS OF OPERATOR					
c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*					
At surface 660' FSL & 1980' FWL Sec. 17					
At top prod. interval reported below					
At total depth					
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD
2/22/68	3/19/68	4/1/68	4312 KB		
20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
10,346	10,236		→	0-7D	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE
9878-80					Yes
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED
Acoustic Velocity					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#	383	17 1/2	400	none
8 5/8	24# & 32#	3728	11	200	none
4 1/2	11.6#	10346	7 7/8	550	none
29. LINER RECORD			30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE
					2 3/8
					9834
					9834
31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
9878-80 4 shots per foot			DEPTH INTERVAL (MD)		
			9878-80		
			AMOUNT AND KIND OF MATERIAL USED		
			2,000 gal 15% regular acid		
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
4/1/68		Pump			Producing
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
4/2-3/68	24	-	→	330	376
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
-	-	→	330	376	1030
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY		OIL GRAVITY-API (CORR.)	
Vented		Cuin Norvell		47.0	
35. LIST OF ATTACHMENTS					
2 copies electric log					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <u>H. L. Smith</u>		TITLE <u>Agent</u>		DATE <u>4/26/68</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 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
				NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
Lower Penn	9878	9880	Oil Pay	Anhydrite	1750
				Salt	1804
				Yates	2453
				San Andres	3703
				Glorieta	5112
				Tubb	6520
				Abo	7268
				Wolfcamp	8552
				Middle Penn	9866
				Strawn	16024