

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. 271545	
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 MCA Oil and Gas		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR 104 South Fecos, Midland, Texas 79701		8. FARM OR LEASE NAME Fecos and Ltd.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 850' 1900' T.L. Sec. 3, T-3-S, R-35-E At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Middle Allison Farm	
15. DATE SPUDDED 1-1-63		12. COUNTY OR PARISH Lea	
16. DATE T.D. REACHED 1-17-63		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 2-17-63		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4183' R.S.	
20. TOTAL DEPTH, MD & TVD 330'		19. ELEV. CASINGHEAD 4183'	
21. PLUG BACK T.D., MD & TVD 3820'		23. INTERVALS DRILLED BY T.D.	
22. IF MULTIPLE COMPL., HOW MANY* _____		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1740-3810' 3000' 12"	
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)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
33.*		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
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 Production Supp.	
DATE 2-17-63		DATE 2-17-63	

* (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 23, below regarding separate reports for separate completions. All attachments should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. Consult local State and/or Federal requirements. Consistent with Federal requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consistent with Federal requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consistent with Federal requirements, locations on Federal or Indian land should be described in accordance with Federal requirements.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consistent with Federal requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consistent with Federal requirements, locations on Federal or Indian land should be described in accordance with Federal requirements.

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 pertinent to such interval. 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. (See instruction for items 22 and 24 above.)

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			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Bo C	9760	9030	Rustler Yates San Andres Glorietta Tubb ADO 501 Camp Bo C	2195 2750 4112 5466 6928 7743 9016 9790	+1985 +1433 +71 -1283 -2743 -3560 -4833 -5607
TO 1' GTS 6" REV. 1500' Fluid, 1800 HO & GCM, 2780' wtr, 90 DM 1' 181P-2582 IFP-1120 2' 181P-2582 IFP-1120					