

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-044 5594-A	
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 11 Producers		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR 104 South Pecos, Midland, Texas 79701		8. FARM OR LEASE NAME Northcott Fed. 685	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 560' 210' 710' WEL, Sec. 5, T-9-S, R-36-E At top prod. interval reported below At total depth		9. WELL NO. 3	
14. PERMIT NO. _____		10. FIELD AND POOL, OR WILDCAT Little Allison Penn	
DATE ISSUED _____		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 5, T-9-S, R-36-E	
15. DATE SPUNDED 3-11-64		12. COUNTY OR PARISH Lea	
16. DATE T.D. REACHED _____		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 4-15-64		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 400'	
19. ELEV. CASINGHEAD 400'		20. TOTAL DEPTH, MD & TVD 9815'	
21. PLUG, BACK T.D., MD & TVD 9805'		22. IF MULTIPLE COMPL., HOW MANY* 1	
23. INTERVALS DRILLED BY 5.11		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3774-84' & 3788-88' 500psi "C"	
25. WAS DIRECTIONAL SURVEY MADE NO		26. TYPE ELECTRIC AND OTHER LOGS RUN R-CL	
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) 3774-84' & 3788-88' w/2 JSBP		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 3774-84' & 3788-88' AMOUNT AND KIND OF MATERIAL USED A/500 gal. 15% DI ME	
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE FIRST PRODUCTION _____		TEST WITNESSED BY _____	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____		35. LIST OF ATTACHMENTS _____	
WELL STATUS (Producing or shut-in) Producing		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
DATE OF TEST _____		SIGNED _____	
HOURS TESTED _____		TITLE Production Supt.	
CHOKE SIZE _____		DATE 5-7-63	
PROD'N. FOR TEST PERIOD 300			
OIL—BBL. 300			
GAS—MCF. 240			
WATER—BBL. 800			
GAS-OIL RATIO 800			
FLOW. TUBING PRESS. _____			
CASING PRESSURE _____			
CALCULATED 24-HOUR RATE 300			
OIL—BBL. _____			
GAS—MCF. _____			
WATER—BBL. _____			
OIL GRAVITY-API (CORR.) _____			

*(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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Bo C	9743	9815	TO 1 Hr. Rec. 20 Hr. 118 water 1' TEST-21.48 118 - 140 2' TEST-21.41 118 - 155	Russell Yates San Andres Goliotta Tubbs Abilene Wolfcamp Bo C	2220 2770 4140 5490 6934 7728 9026 9758	+1881 +1331 -39 -1389 -2833 -3627 -4925 -5667