

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 _____							
b. TYPE OF COMPLETION:				NEW WELL ☐		WORK OVER ☐		DEEP-EN ☐		PLUG BACK ☐		DIFF. RESVR. ☐		Other RE-ENTRY			
2. NAME OF OPERATOR JOSEPH I. O'NEILL, JR.																	
3. ADDRESS OF OPERATOR 410 WEST OHIO, MIDLAND, TEXAS																	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below 1980' FML & 1980' FEL Sec. 17 At total depth																	
				14. PERMIT NO.				DATE ISSUED				12. COUNTY OR PARISH ROOSEVELT		13. STATE N. Mex.			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4116' GR 4116' DF				19. ELEV. CASINGHEAD					
DRILLED OUT PLUGS ONLY																	
20. TOTAL DEPTH, MD & TVD				21. PLUG, BACK T.D., MD & TVD 5010'				22. IF MULTIPLE COMPL., HOW MANY*				23. INTERVALS DRILLED BY WORKOVER UNIT					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NONE												25. WAS DIRECTIONAL SURVEY MADE					
26. TYPE ELECTRIC AND OTHER LOGS RUN PERFORATING DEPTH CONTROL LOG ONLY														27. WAS WELL CORED			
28. CASING RECORD (Report all strings set in well)																	
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD				AMOUNT PULLED					
11 3/4		42#		395.59		17 1/2		300 SACKS CEMENT				CIRCULATED					
8 5/8		32#		4999.28		12 1/4		1700 SACKS CEMENT*				CIRCULATED					
								*TOP CEMENT APPROX. 515'									
29. LINER RECORD																30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number) PERFORATED W/ SCHLUM. CRACK JET 13 HOLES 4900', 4904', 4908', 4912', 4916', 4950', 4954', 4958', 4962', 4966', 4992', 4998'																32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
										DEPTH INTERVAL (MD) 4900'-4998'		AMOUNT AND KIND OF MATERIAL USED 11,000 GALS. REG. ACID					
33.* PRODUCTION																	
DATE FIRST PRODUCTION NONE				PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)								WELL STATUS (Producing or shut-in)					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO			
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)												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 Roy L. Blalock				TITLE PRODUCTION CLERK				DATE 11-24-65									

*(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.
			*SEE LOG ON ATLANTIC LOVE FEDERAL 1-A, PLUGGED 3-12-61, RE-ENTER BY JOSEPH I. O'NEILL, JR. 6-2-65
		NAME	MEAS. DEPTH
		TOP	TRUE VERT. DEPTH