

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 LOGS

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC - 062471	
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 Cities Service Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 69, Hobbs, New Mexico		8. FARM OR LEASE NAME Government 8	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330 ft. from North Line and 330 ft. from West Line of Sec 8 At top prod. interval reported below At total depth		9. WELL NO. 2	
14. PERMIT NO. Not Rec'd.		12. COUNTY OR PARISH Roosevelt	
DATE ISSUED 4-14-64		13. STATE New Mexico	
15. DATE SPUDDED 4-25-64	16. DATE T.D. REACHED 5-8-64	17. DATE COMPL. (Ready to prod.) 5-12-64	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4243 Gr.
20. TOTAL DEPTH, MD & TVD 5071	21. PLUG, BACK T.D., MD & TVD 5042	22. IF MULTIPLE COMPL., HOW MANY* -	23. INTERVALS DRILLED BY →
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4635, 4640, 4645, 4652, 4655, 4663, 4680 & 4687			25. WAS DIRECTIONAL SURVEY MADE Yes
26. TYPE ELECTRIC AND OTHER LOGS RUN			27. WAS WELL CORED Yes
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24#	412	11"
4 1/2"	9.5#	5060	7 7/8"
CEMENTING RECORD		AMOUNT PULLED	
200 sx		300 sx encor	
200 sx posmix + 2% gel.			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8"	4673	4602	
31. PERFORATION RECORD (Interval, size and number)			
9 - 3/8" Jet perf @ 4635, 4640, 4645, 4652, 4655, 4663, 4680, 4684 and 4687			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
4635-4687		2000 gal LST	
4635-4687		Fraced 20,000 gal crude & 20,000# sand.	
33.* PRODUCTION			
DATE FIRST PRODUCTION 5-13-64		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 5-13-64	HOURS TESTED 24	CHOKE SIZE 44/64"	PROD'N. FOR TEST PERIOD →
FLOW. TUBING PRESS. 65 PSI	CASING PRESSURE Pkr	CALCULATED 24-HOUR RATE →	OIL—BBL. 486
GAS—MCF. 299		WATER—BBL. 64	
OIL GRAVITY-API (CORR.) 27.5°			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented			
TEST WITNESSED BY J. L. Russell			
35. LIST OF ATTACHMENTS Sonic Log - Gamma Ray, Deviation Test & Directional Drilling			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED _____		TITLE District Clerk	
		DATE 5-15-64	

*(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	NAME	MEAS. DEPTH
			TRUE VERT. DEPTH	
San Andres B	4725	5018	Anhydrite Yates Queen San Andres SA-A Zone SA-B Zone SA-C Zone	2136 2657 3350 3836 4560 4725 5018
Cored 4971-5031 - Cut 60' and recovered 58½'. 4971-5012' (41') Porous dolomite w/horiz. frags from 4973-83', 4987½-89', 4991-94', N.S. 5012-18' (6') Dolomite trace porosity bleeding block oil 5017-18' 5018-29½' (11½') dense shaley dolomite bleeding black oil 5021-22'.				