Form 9-330
(Rev 5-63)

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*

5. LEASE DESIGNATION AND SERIAL NO.: LC - 062471

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: -

7. UNIT AGREEMENT NAME: -

8. FARM OR LEASE NAME: Government G

9. WELL NO.: 3

10. FIELD AND POOL, OR WILDCAT: Milnesand San Andres

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 8-T8S-R35E

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

2. NAME OF OPERATOR: Cities Service Oil Company

3. ADDRESS OF OPERATOR: P.O. Box 69 - Hobbs, New Mexico

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*

At surface: 330' FNL & 1650' FWL of Sec. 8-T8S-R35E Roosevelt Co., New Mexico

At top prod. interval reported below

At total depth: 330' FNL & 1650' FWL of Sec. 8-T8S-R35E Roosevelt Co., New Mexico

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
-	7-22-64	Roosevelt	New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
8-22-64	8-31-64	10-27-64	4249 DF	4242 Gr.

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
4734	4724	-	→	0-4734	-

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 4614-4716 (San Andres)

25. WAS DIRECTIONAL SURVEY MADE: yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: Sonic-Gamma Ray, Laterolog, Microlaterolog

27. WAS WELL CORED: no

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	32.5#-36#	398	11"	250 sacks (Circulated)	-
4½"	9.5#	4733	7 7/8"	250 sacks	-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	4664	4584

31. PERFORATION RECORD (*Interval, size and number*)

Perf. 1 hole each @ 4614, 4634, 4642, 4653, 4657, 4676, 4680, 4684, 4690, 4692, 4696, 4705, 4710, & 4716

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4614-4657	Acid 2000 gals 15% sand frac 40,000 gals + 25,000# sand + 1000# adomite
4676-4716	Acid 2000 gals 15%, sandfrac 20,000 gals +20000# sd. & 400# adomite

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
10-27-64	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10-27-64	24 hrs.	-		50	-	25	TSTM

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
-	Pkr.		-	-	-	30.6

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): Gas TSTM

TEST WITNESSED BY: J.L. Russell

35. LIST OF ATTACHMENTS: Sonic-Gamma, Laterolog, Microlaterolog - Deviation Test.

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 10-30-64

*(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:
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.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Anhydrite	2126	
Yates	2661	
Queen	3353	
San Andres	3840	
"A" Zone	4556	

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator	Lease	Well No.
Cities Service Oil Co.	Government G	3

Unit Letter	Section	Township	Range	County
C	8	8S	35E	Roosevelt

Pool	Kind of Lease (State, Fed, Fee)
Milnesand San Andres	Federal

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
	D	3	8S	35E

Authorized transporter of oil [x] or condensate [ ]	Address (give address to which approved copy of this form is to be sent)
Magnolia Pipeline Co.	Box 900 - Dallas 21, Texas

Is Gas Actually Connected? Yes ____ No x

Authorized transporter of casing head gas [ ] or dry gas [ ]	Date Connected	Address (give address to which approved copy of this form is to be sent)
-	-	-

If gas is not being sold, give reasons and also explain its present disposition:

Gas is TSTM; (Nearburg & Ingram is taking from our Government G #2)

REASON(S) FOR FILING *(please check proper box)*

New Well . . . . . [x]
Change in Transporter *(check one)*
Oil . . . . . [ ] Dry Gas . . . . [ ]
Casing head gas . [ ] Condensate . . [ ]
Change in Ownership . . . . . [ ]
Other *(explain below)*

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 30th day of October, 19 64

OIL CONSERVATION COMMISSION	By
Approved by	Title: District Clerk
Title	Company: Cities Service Oil Co.
Date	Address: P.O. Box 69 - Hobbs, New Mexico