

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions 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 ☐		1b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____	
2. NAME OF OPERATOR El Chorro Exploration, Inc.			
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980 FSL & 624.7 FWL Sec. 19 At top prod. interval reported below At total depth			
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 9/12/63		16. DATE T.D. REACHED 9/20/63	
17. DATE COMPL. (Ready to prod.) 10/7/63		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4249.5 KB	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 4758	
21. PLUG BACK T.D., MD & TVD 4731		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS O-1 TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* San Andres 4660-48, 4702-24		25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gammatron		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8	24#	362	12 1/4
4 1/2	10.5#	4758	7 7/8
CEMENTING RECORD			
225 sacks 2% HA-5			
200 sacks Class C			
AMOUNT PULLED none			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8	4729	none	
31. PERFORATION RECORD (Interval, size and number) 4660-48, 4702-24 w/2 J-2 Jet charge per foot			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
4660-4724		1000 gal 15% DIL-30 acid, 20,000 gal lease oil, 20,000# sand.	
33.* PRODUCTION			
DATE FIRST PRODUCTION 10/7/63		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump 1 1/2"	
WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 10/7/63	HOURS TESTED 8	CHOKE SIZE Pump	PROD'N. FOR TEST PERIOD →
OIL—BBL. 110	GAS—MCF. no test	WATER—BBL. none	GAS-OIL RATIO no test
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL. 330
GAS—MCF. no test		WATER—BBL. none	OIL GRAVITY-API (CORR.) 28.2
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold			
TEST WITNESSED BY Claude Vinson			
35. LIST OF ATTACHMENTS 2 copies: Gammatron log			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED A. L. Smith		TITLE Agent	
DATE October 8, 1963			

*(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	TOP TRUB VERT. DEPTH
No Cores cut.				Anhydrite	2180	
No drill-stem tests run.				Salt	2300	
San Andres	4660	4724	Lime. San Andres porosity	San Andres	3810	