

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)
C.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 _____
2. NAME OF OPERATOR Sunray Oil Company						5. LEASE DESIGNATION AND SERIAL NO. 062178	
3. ADDRESS OF OPERATOR Box 128, Hobbs						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FSL & 660' FEL of Section 24 At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUNDED						16. DATE T.D. REACHED	
17. DATE COMPL. (Ready to prod.)						18. ELEVATIONS (DF, RKB, RT, GB, ETC.)*	
19. ELEV. CASINGHEAD						20. TOTAL DEPTH, MD & TVD	
21. PLUG, BACK T.D., MD & TVD						22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY						ROTARY TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)						29. LINER RECORD	
Casing Size		Weight, lb./ft.	Depth Set (MD)	Hole Size	Cementing Record		Amount Pulled
8 5/8	24#	370	12 1/2	225 sx	None		None
4 1/2	9.5#	4790	7 7/8	200 sx	None		None
30. TUBING RECORD				31. PERFORATION RECORD (Interval, size and number)			
Size	Top (MD)	Bottom (MD)	Sacks Cement*	Screen (MD)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
2 3/8	4633				33. PRODUCTION		
DATE FIRST PRODUCTION				PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)	
2-11-64				Pump		Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-11-64	24	-	87	104	0	1200	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		87	104	0	30.8°		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
sold						O. T. Owen	
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		TITLE			DATE		
V.R. Mayabb		District Engineer			2-13-64		

*(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, completion reports for separate completions should be submitted separately.

tion 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.

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 27: *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 INTERVALS, 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	
TOP	BOTTOM	NAME	MEAS. DEPTH
DESCRIPTION, CONTENTS, ETC.		TRUE VERT. DEPTH	
San Andres	3904	Rustler	2225
	4676	Yates	2684
	Oil	Queen	3388
		San Andres	3904