

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 ☐	DATE MAR 29 11 55 AM '66	
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐
		DIFF. RESVR. ☐	Other _____		
2. NAME OF OPERATOR Champlin Petroleum Company Non-Operator: Warren American Oil Company					
3. ADDRESS OF OPERATOR P. O. Box 1797, Midland, Texas					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FNL, 660' FNL, Section 30, T-7-S, R-33-E At top prod. interval reported below State Unit-A At total depth _____					
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED 2-27-66		16. DATE T.D. REACHED 3-9-66		17. DATE COMPL. (Ready to prod.) 3-16-66	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* DF 4443'		19. ELEV. CASINGHEAD 4432'			
20. TOTAL DEPTH, MD & TVD 4420'		21. PLUG, BACK T.D., MD & TVD 4418'		22. IF MULTIPLE COMPL., HOW MANY* Single	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-4420'		CABLE TOOLS None	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4173 - 4402 San Andres					25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma-Ray Neutron					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
8-5/8"	20#	373'	12-1/4"	250 sacks	None
4-1/2"	9.5#	4420'	7-7/8"	325 sacks	None
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"OD	4407'	None			
31. PERFORATION RECORD (Interval, size and number) 2 jet shots at each of the intervals: 4173, 4181, 4193, 4222, 4239, 4250, 4278, 4309, 4367, 4372 & 4402'					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
4173 - 4402		2500 gal. 15% Acid			
		40,000 gal. gelled water			
		40,000# 20-40 frac sand			
33.* PRODUCTION					
DATE FIRST PRODUCTION 3-18-66		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump (Swabbing)			WELL STATUS (Producing or shut-in) Shut-In
DATE OF TEST 3-20-66	HOURS TESTED 25	CHOKE SIZE Swab	PROD'N. FOR TEST PERIOD →	OIL—BBL. 137	GAS—MCF. 19
FLOW. TUBING PRESS. --		CASING PRESSURE --	CALCULATED 24-HOUR RATE →	OIL—BBL. 137	GAS—MCF. 19
				WATER—BBL. 137	GAS-OIL RATIO 139
				WATER—BBL. 137	OIL GRAVITY-API (CORR.) 24.8
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented					TEST WITNESSED BY R. A. Scott
35. LIST OF ATTACHMENTS Copies of logs will be sent under separate cover.					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED H. N. Brown		TITLE District Superintendent		DATE 3-23-66	

*(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.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
NO DST TAKEN				T/Anhydrite T/Yates T/Queens T/Ban Andres	1890 2291 2958 3516		

38. GEOLOGIC MARKERS