

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-B355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other		1b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. (RESV.) <input type="checkbox"/> Other	
2. NAME OF OPERATOR Eugene E. Nearburg			
3. ADDRESS OF OPERATOR 4219 Sigma Road, Dallas, Texas 75240			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FSL and 660' FEL At top prod. interval reported below At total depth			
14. PERMIT NO. D.O.D. 1016162		DATE ISSUED 2-23-70	
15. DATE SPUDDED 2-23-70		16. DATE T.D. REACHED 3-5-79	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, OR, ETC.) 4016.4' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 4800'	
21. PLUG BACK T.D., MD & TVD 4758'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY ROTARY TOOLS 0-4800		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4610' - 4660' San Andres 4517' - 4580' San Andres	
25. WAS DIRECTIONAL SURVEY MADE? No		26. TYPE ELECTRIC AND OTHER LOGS RUN SNP, FDC, DIL	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.	
8-5/8		20	
5-1/2		15.5	
DEPTH SET (MD)		HOLE SIZE	
298		12-1/4	
4788		7-7/8	
CEMENTING RECORD		AMOUNT PULLED	
150 sx		None	
200 sx		None	
29. LINER RECORD		30. TUBING RECORD	
SIZE		TOP (MD)	
BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		SIZE	
DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) Perforated 1 shot @ 4611, 16, 21, 22, 28, 34, 39, 41, 45, 46, 53, 54, 56 & 57 (14 shots). 1 shot @ 4518, 20, 58, 64, 68, 73 & 79 (7 shots)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
4611 - 57		8000 gal 15% acid	
4611-57		Squeezed w/100 sx cmt.	
4518-79		5000 gal 15% acid	
33.* PRODUCTION		WELL STATUS (Producing or shut-in) TEMP. ABD.	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
DATE OF TEST		HOURS TESTED	
CHOKE SIZE		PROD'N. FOR TEST PERIOD	
OIL—BBL.		GAS—MCF.	
WATER—BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE	
CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		WATER—BBL.	
OIL GRAVITY API (CORR.)		TEST WITNESSED BY	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		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: James A. Blackman	
TITLE: Petroleum Engineer		DATE: 9-3-70	

\*(See Instructions and Spaces for Additional Data on Reverse Side)

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OIL CONSERVATION ACT  
1970

**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: "Seeks Comment":** 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.)

SHOW ALL IMPROVING ZONES OF PRODUCTIVITY AND CONTINUED DEEPENING OF THE DEPTH INTERVAL TESTED. CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES.

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