

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 *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____										5. LEASE DESIGNATION AND SERIAL NO. NH 0174830-4	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____										6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR The Atlantic Refining Company										7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico										8. FARM OR LEASE NAME None Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 1980' FSL At top prod. interval reported below At total depth										9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED 12/23/64										10. FIELD AND POOL, OR WILDCAT Tobac-Pennsylvania	
15. DATE SPUDDED 12/23/64 16. DATE T.D. REACHED 1/20/65 17. DATE COMPL. (Ready to prod.) 1/25/65										11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 17, T-8-S, R-33-E	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4422'										12. COUNTY OR PARISH Chaves	
19. ELEV. CASINGHEAD 4413'										13. STATE N. M.	
20. TOTAL DEPTH, MD & TVD 9005' 21. PLUG, BACK T.D., MD & TVD 8966' 22. IF MULTIPLE COMPL., HOW MANY* _____										23. INTERVALS DRILLED BY → 24. ROTARY TOOLS 0-9005' 25. CABLE TOOLS	
26. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 8931-8947 (rough "0")										27. WAS DIRECTIONAL SURVEY MADE No	
28. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-sonic & Laterolog										29. WAS WELL CORED No	
29. CASING RECORD (Report all strings set in well)											
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED					
13-3/8	48	402	17-1/2	385 ex (Circulated)		None					
8-5/8	24 & 32	3594	11	950 ex (Top 1700')		None					
4-1/2	11.5 & 11.0	9005	7-7/8	250 ex (Top 750')		None					
30. LINER RECORD										31. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)				
					2-3/8	8869	8864				
32. PERFORATION RECORD (Interval, size and number) 8931-36 & 8941-47 w/2 JPT										33. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
										DEPTH INTERVAL (MD)	
										8931-47	
										AMOUNT AND KIND OF MATERIAL USED	
										500 gal. Frank's own Acid	
34. PRODUCTION											
DATE FIRST PRODUCTION 12/25/65		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Producing					
DATE OF TEST 12/25/65	HOURS TESTED 8 hrs	CHOKE SIZE 22/64	PROD'N. FOR TEST PERIOD →	OIL—BBL. 217	GAS—MCF. Not Meas.	WATER—BBL. 0	GAS-OIL RATIO				
FLOW. TUBING PRESS. 600	CASING PRESSURE Pkr	CALCULATED 24-HOUR RATE →	OIL—BBL. 651	GAS—MCF.	WATER—BBL. 0	OIL GRAVITY-API (CORR.) 47.2°					
35. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented temporarily, pending connection										TEST WITNESSED BY T. E. Sheets	
36. LIST OF ATTACHMENTS											
37. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED AKK										TITLE Dist. Dir. & Prod. Dept. DATE 2-8-65	

*(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	TOP MEAS. DEPTH TRUE VERT. DEPTH
				San Andres Slaughter Glorieta Abo Wolfcamp Bough WCM	3547 4262 4942 7277 8262 8924