

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 ☐ DRY ☐ Other ☐		14. PERMIT NO.		DATE ISSUED	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		15. DATE SPUNDED		16. DATE T.D. REACHED	
2. NAME OF OPERATOR MAX COLL		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.) *	
3. ADDRESS OF OPERATOR P. O. Box 1818, Roswell, New Mexico 88201		19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) * At surface 139 1/2 Sec. 13-8N-30E At top prod. interval reported below At total depth		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY *	
23. INTERVALS DRILLED BY		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 Holex Data Formo Acoustic		27. WAS WELL CORED		28. WAS WELL CEMENTED	
29. 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	2.5	432	12 1/2	200 sacks	
4 1/2	2.5	3567	7-7/8	500 sacks	
30. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT *	SCREEN (MD)	
2-3/8				3511	
31. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2-3/8	3511	3459			
32. PERFORATION RECORD (Interval, size and number)					
3610-20 20 shots 3/8"					
3544-59 50 shots 3/8"					
33. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)					
3610-20 1500 gals 50% 15%					
3544-59 2000 gals 50% 15%					
34. PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)	
10-11-66		Swab		Swabbing well pump	
DATE OF TEST		HOURS TESTED		CHOKE SIZE	
10-12-66		24		3/4"	
PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
88 120		TSTM		154 2	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
Swab		Pkr		88 120	
OIL—BBL.		GAS—MCF.		WATER—BBL.	
88 120		TSTM		154 2	
OIL GRAVITY-API (CORR.)		28			
35. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
Vent					
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		TITLE		DATE	
Max Coll, Operator		Max Coll, Operator		10-14-66	

* (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 19: 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