

MOCC - ARTESIA
MOCC - HOBBS
LM - SANTA FEUNITED 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 *

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		2. NAME OF OPERATOR Sinclair Oil & Gas Company		3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' fr the North line and 660' fr the East line At top prod. interval reported below At total depth as above		5. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐		6. DATE SPUDDED 5-21-67		7. DATE T.D. REACHED 5-26-67		8. DATE COMPL. (Ready to prod.)		9. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4089' GR		10. ELEV. CASINGHEAD							
11. FIELD AND POOL, OR WILDCAT Undesignated Cato-San Andres Ext.		12. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 20-T8S-R30E		13. COUNTY OR PARISH Chaves		14. STATE New Mexico		15. TOTAL DEPTH, MD & TVD 3600'		16. PLUG, BACK T.D., MD & TVD 3559'		17. IF MULTIPLE COMPL., HOW MANY*		18. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS		19. WAS DIRECTIONAL SURVEY MADE No									
20. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* 3339-63' San Andres 3277-3305' San Andres		21. TYPE ELECTRIC AND OTHER LOGS RUN Micro Laterolog Survey, Gamma Ray Neutron and Gamma/Gamma Density Logs		22. WAS WELL CORED No		23. CASING RECORD (Report all strings set in well)		24. LINER RECORD		25. TUBING RECORD		26. PERFORATION RECORD (Interval, size and number) 3339-46-47-48-49-61-63' w/14-3/8" holes. 3277-79-82-87-89-90-94-98-3303-05' w/ 20-3/8" holes.		27. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		28. PRODUCTION									
29. DATE FIRST PRODUCTION 7-1-67		30. PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump) Pumping		31. WELL STATUS (Producing or shut-in) Producing		32. DEPTH INTERVAL (MD) 3277-3305' 3339-63' 3339-63'		33. AMOUNT AND KIND OF MATERIAL USED 5000 gals. 28% N.E. acid w/ 10 gals. Al30 Inh. 5000 gals. 28% N.E. acid 30,000 gals. gelled brine wtr & 10 gals. P 555.		34. DATE OF TEST 7-21-67		35. HOURS TESTED 24		36. CHOKER SIZE 2		37. PROD'N. FOR TEST PERIOD TSTM		38. OIL--BBL. 2		39. GAS--MCF. TSTM		40. WATER--BBL. 17		41. GAS-OIL RATIO TSTM	
42. FLOW. TUBING PRESS.		43. CASING PRESSURE		44. CALCULATED 24-HOUR RATE		45. OIL--BBL. 2		46. GAS--MCF. TSTM		47. WATER--BBL. 17		48. OIL GRAVITY-API (CORR.) 24.2		49. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented		50. TEST WITNESSED BY Mr. J. J. Ballard									
51. LIST OF ATTACHMENTS																									
52. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																									
53. SIGNED <u>J. W. Luthal</u> TITLE Superintendent DATE 7-21-67																									

ACCEPTED FOR RECORD* (See Instructions and Spaces for Additional Data on Reverse Side)

Orig&4cc: USGS. Roswell. cc: Regional Office, cc: file

This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases (whether owned by you or a third party), pursuant to applicable Federal and State laws and regulations. As necessary, special provisions concerning the use of this form may be found in the Federal and/or State office. See instructions on file in the Federal and/or State office. If not filed prior to the time this summary is filed, completion of all currently available logs (drill logs, core logs, well logs, etc.) and pressure tests, and all additional surveys, shall be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments shall be attached to this form, see item 35, for applicable State requirements. Locations on Federal or Indian land should be identified in accordance with the Federal log form (see Circular 100 State or Federal log specific instructions).

Item 18: If the State which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments, shall be identified. If this well is completed for separate production from more than one interval, or (if any) for only the interval reported in item 38, submit a separate report (page) on this form, adequately identifying the intervals, top(s), bottom(s) and thickness(es) of each interval to be separately produced, showing the additional data pertinent to such interval.

Item 19: 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.
			Yates
			San Andres