

NMOCC - ARTESIA
NMOCC - H333S
BLM - SANTA FEUNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R3575.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____		5. LEASE DESIGNATION AND SERIAL NO. New Mexico 0403741B	
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 H. L. Brown, Jr.		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR 704 Vaughn Building, Midland, Texas		8. FARM OR LEASE NAME Atlantic Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FNL & 1650' FNL of Sec. 3, T-8-S, R-31-E At top prod. interval reported below At total depth Same		9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED 7/17/67		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUNDED 7/19/67		11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA Sec. 3, T-8-S, R-31-E	
16. DATE T.D. REACHED 7/30/67		12. COUNTY OR PARISH Chaves	
17. DATE COMPL. (Ready to prod.) Dry		13. STATE New Mexico	
18. ELEVATIONS (DF. RES. RT. GR. ETC.)* 4308' GR		19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD 4020'		21. PLUG, BACK T.D., MD & TVD 3989'	
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY 0-4020'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Schlumberger Microlaterolog, Compensated Formation Density & Laterolog		27. WAS WELL CORED Yes	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7"	20#	212'	8-3/4"
4-1/2"	9.5#	4019'	6-1/4"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
None			
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
3908-3912' 3920-3926' 3938-3978' 2 per foot		DEPTH INTERVAL (MD) 3908-3978'	
		AMOUNT AND KIND OF MATERIAL USED 5000 gal. 20% plus 2500 gal. fresh water flush	
33. PRODUCTION			
DATE FIRST PRODUCTION _____		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____	
DATE OF TEST _____		WELL STATUS (Producing or shut-in) _____	
HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	GAS—MCF.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____		TEST WITNESSED BY _____	
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 J. L. Kelly		TITLE Agent	
DATE September 19, 1967			

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

ACCEPTED FOR RECORD

J. N. Sutherland

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			GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Anhydrite Salt Yates Queen Man Andrus Slaughter	1500' 1730 1968 2472 3104 3901	