

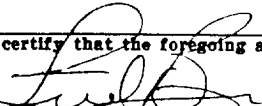
NM000 - ARTESIA
NM000 - HOBBS
BLM - SANTA FEUNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R855.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL:		OIL WELL ☒	GAS WELL ☐	DRY ☐	Other ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR SINCIA IR 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 South & East lines At top prod. interval reported below As above At total depth As above							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 8-17-67				16. DATE T.D. REACHED 8-23-67			
17. DATE COMPL. (Ready to prod.) 8-27-67				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4129'			
20. TOTAL DEPTH, MD & TVD 3800'		21. PLUG BACK T.D., MD & TVD 3527'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Zone #1 3359-87' San Andres Zone #2 3434-67' San Andres						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Density Log, Laterlog, Micro Laterolog & Side Wall Neutron.						27. WAS WELL CORED No	
28. 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"OD	20#	290'	12 1/4"	200 sacks		None	
4-1/2"OD	9.5#	3554'	7-7/8"	275 sacks		None	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"OD	3282'	None
31. PERFORATION RECORD (Interval, size and number) Zone #1 3359-67-70-87' Zone #2 3434-52-56-63-67' w/18-1/2" holes.				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
				3359-3467'		5000 gals. 28% acid	
33.* PRODUCTION.							
DATE FIRST PRODUCTION 8-27-67		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Swabbing				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 8-28-67	HOURS TESTED 10	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL. 63	GAS—MCF. TSTM	WATER—BBL. 15	GAS-OIL RATIO TSTM
FLOW. TUBING PRESS. None	CASING PRESSURE None	CALCULATED 24-HOUR RATE →	OIL—BBL. 151	GAS—MCF. TSTM	WATER—BBL. 36	OIL GRAVITY-API (CORR.) 25.0	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TSTM - Vented						TEST WITNESSED BY Mr. Jimmy Ballard	
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 		TITLE Superintendent			DATE 8-29-67		

ACCEPTED FOR RECORD

(See instructions and Spaces for Additional Data on Reverse Side)

Orig&4cc: USGS, Roswell, N.M.

cc: file cc: Regional Office, cc: Bell Pet.

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
				Anhydrite	1015'
				Yates	1483'
				Queen	2117'
				San Andres	2650'