

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 ☐
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐
		DIFF. RESVR. ☐	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 South line and 1980' fr the West line At top prod. interval reported below As above At total depth As above					
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH Chaves	13. STATE New Mexico
15. DATE SPUDDED 9-30-67	16. DATE T.D. REACHED 10-4-67	17. DATE COMPL. (Ready to prod.) 10-9-67	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4153'	19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 3560'	21. PLUG. BACK T.D., MD & TVD 3540'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS 0-3560'	CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3423-3456' San Andres					25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN Micro Laterolog, Laterolog, G/G Density, Gamma Ray Neutron (epithermal Neutron)					27. WAS WELL CORED No
28. G/G Formation Density logs 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#	296'	12-1/4"	200	-
4-1/2"OD	9.5#	3560'	7-7/8"	275	-
29. LINER RECORD			30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
31. PERFORATION RECORD (Interval, size and number) 3423, 26, 28, 32, 37, 45, 47, 51, 53, 56' 2 - 3/8" jet shots each interval.			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
			DEPTH INTERVAL (MD)		
			3423-3456'		
			AMOUNT AND KIND OF MATERIAL USED		
			10,000 gals. 28% acid		
			RECEIVED		
33.* PRODUCTION					
DATE FIRST PRODUCTION 10-8-67		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing			
DATE OF TEST 10-9-67		HOURS TESTED 24 hrs.	CHOKE SIZE 24/64"	PROD'N. FOR TEST PERIOD →	OIL—BBL. 221
FLOW. TUBING PRESS. 150#		CASING PRESSURE 0#	CALCULATED 24-HOUR RATE →	OIL—BBL. 221	GAS—MCF. TSTM
				GAS—MCF. TSTM	WATER—BBL. 116
					OIL GRAVITY-API (CORR.) 24.2
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) vented					TEST WITNESSED BY C. E. Butler
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 [Signature]
ACCEPTED FOR RECORD
ACTING District Engineer

TITLE Superintendent

DATE 10-9-67

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

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

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 16: 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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			Rustler	1050'	1050'
			Yates	1542'	1542'
			San Andres	2710'	2710'