Form 9-330 (Rev. 5-63). 300 - Astrona 1914 300 - Astrona 1914 1 - Schuller 1914		UNTILD : TMENT OF GEOLOGICAI	THE	e int		st	ICA's See other in- ructions on everse, side)	Form approved. Ruget Bureau No. 42 R355.5. 5. LEASE DESIGNATION AND SERIAL NO. N.M. $O155l_{*}9l_{*}-A$ 6. IF INDIAN, ALLOTTEE OR TRUE NAME				
WELL CC	MPLETION	OR RECOM	PLETI	ON R	EPORT A	ND L	OG *	6. IF INDIAN, A	LLOTTEE OR TRIBE NAME			
1a. TYPE OF WE	LL: OIL WE	LL A WELL	DR	т 🗌 ()ther			7. UNIT AGREE	MENT NAME			
b. TYPE OF COM	WORK T DE	EP- PLUG D	DIFF.	n. [] _ ()ther			S. FARM OR LE	ASE NAME			
2. NAME OF OPERA	2. NAME OF OPERATOR							Winkler Federal				
3. ADDRESS OF OP												
P. 0.	Box 1920,	Hobbs, New N							5			
4. LOCATION OF W At surface	ELL (Report locat	ion clearly and in ac	cordance	with any	State requiren	scnta)*						
1980! At top prod. in	fr the Wes	st and South	lines	•				OR AREA				
At total depth	•		:									
			14. PER	MIT NO.	DA	TE ISSUEI)	Chaves	New Mexico			
15. DATE SPUDDED	i	REACHED 17. DATE			prod.) 18. H	LEVATION	S (DF, RKB,	RT, GR, ETC.)*	19. ELEV. CASINGHEAD			
10-16-6 20. total depth, M		UG, BACK T.D., MD & T	LO-23- /D 22.		TPLE COMPL., NY*		INTERVALS DRILLED BY		CABLE TOOLS			
35601	EDUAL (S) OF THIS	35271 S COMPLETION-TOP,	BOTTOM.				<u>→</u>	0-35601	25. WAS DIRECTIONAL			
	35' San And				2 2				SURVEY MADE NO			
26. TYPE ELECTRIC Density,		RUN erolog & Lat	erolo					2	7. was well cored NO			
2 8.	WEIGHT, LB				ert all strings s	et in well;	CEMENTING	RECORD	AMOUNT PULLED			
CASING SIZE 8-5/8"0		280			-1/4"	20	00 dack					
4-1/2"0	D 9.5#	. 3560	<u>)'</u>	7-	7/8"	2'	75 sack	<u>s</u>				
		1										
29.		LINER RECORD					······					
SIZE	TOP (MD).	BOTTOM (MD)	SACKS CE	MENT	SCREEN (MD)		78"0D					
31. PERFORATION R 3405-07	· · ·	21-25-28-31-3	33 -3 5'		32. DEPTH INTE							
w/22-3/	8" holes.				3405-343	151	10,	9. WELL NO. 6 10. FIELD AND POOL, OR WILDCAT WILDCAT WILDCAT 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 28-T8S-R3OF 12. COUNTY OR PARISH Chaves 13. STATE PARISH Chaves New Mexic C T, GR, ETC.)* 19. ELEV. CASINGHEAD ROTARY TOOLS CABLE TOOLS 0-35601 25. WAS DIRECTIONAL SURVEY MADE NO 27. WAS WELL CORED NO EECORD AMOUNT PULLED - UBING RECORD DEPTH SET (MD) PACKER SET (MD) 3317' S.N. © 3287 URE, CEMENT SQUEEZE, ETC. DUNT AND KIND OF MATERIAL USED 100 gals. 28% acid WELL STATUS (Producing or shut-in) Pro ducing WATER-BEL. GAN-OIL RATIO 290:1 				
					·							
					·							
33.* DATE FIRST PRODUC 10-23-6		BUCTION METHOD (FI Flowing	owing, go		UCTION mping—size at	nd type of	pump)		(n)			
-	HOURS TESTER	CHOKE SIZE	PROD'N TEST	FOR FERIOD	оіц <u>вві.</u> 73	GAS	_мсг. 22	39	290:1			
DATE OF TEST 1C-24-6	1	URE CALCULATED 24-HOUR RATE	on-1 25		GASM	с г . 73	WATER	134	24.2			
10-24-6 FLOW. TUBING PRESS 90#	O//	$\rightarrow \rightarrow$	1					TEST WITNESS	ED BY			
FLOW, TUBING PRESS 90# 34. DISPOSITION OF	O//	or fuel, vented, etc.)	1		著自知		in <u>Le stat</u>	Mr. H.	L. Hore a			
1C-24-6 Flow. TUBING PRESS 90// 34. DISPOSITION OF Ve 35. LIST OF ATTAC	C// GAS (Sold, used for inted	or fuel, vented, etc.)	1		iii 🕄 🕃							
IC-24-6 FLOW. TUBING PRESS 90// 34. DISPOSITION OF Ve 35. LIST OF ATTAC	C// GAS (Sold, used for inted	$\rightarrow \rightarrow$		is comp		- 11 A	2Q7 t					
1C-24-6 FLOW, TUBING PRESS 90// 34. DISPOSITION OF Ve 35. LIST OF ATTAC 36. I hereby certi SIGNED-	O// GAS (Sold, used for inted HMENTS	or fuel, vented, etc.)	TI	<u> </u>	Superint	enden	707 <u>- PRVEX</u>	ali available ree DATE	rords			

			• • • •					FORMATION	37. SUMMARY OF POROUS SHOW ALL IMPORTANT DEPTH INTERVAL TEST		•	 General: This form is designed for submitting a complete and correct well or both, pursuant to applicable Federal and/or State laws and regulations, submitted, particularly with regard to local, area, or regional procedures an and/or State office. See instructions on items 22 and 24, and 33, below regard if not filed prior to the time this summary record is submitted, eoples of all tion and pressure tests, and directional surveys, should be attached hereto should be listed on this form, see item 33. Hem 4: If there are no applicable State requirements, locations on Federal office for specific instructions. Hem 18: Indicate which elevation is used as reference (where not otherwing the acditional intervals, top(s), bottom(s) and name(s) (if any) for only them 22 and 24: If this well is completed for separate production from morinterval, or intervals, top(s), bottom(s) and name(s) the addition liter seconds for this well showing the addition let <i>Secondur:</i> Attached supplemental records for this well show in therval is form for each interval to be separately produced, showing the addition let <i>Secondur:</i> Attached supplemental records for this well show in the second state interval is form for each interval is form for each interval is to the second supplemental records for this well show in the second supplemental records for this well is form for each interval is form for each interval interval interval in the second supplemental records for this well show in the second supplemental records for this well interval inter	
			•		2		- -	TOP	OF POROUS ZONES : ALL IMPORTANT ZONES OF POI INTERVAL TESTED, CUSHION	n s	•	s designed for su applicable Federa by with regard to See instructions te time this summer tay and direction is form, see iten no applicable St pecific instruction ich elevation is ich elevation is its well is completed iterval to be sepa- ner at completion	
								BOTTOM	AMARY OF POROUS ZONES: SHOW ALL INFORTANT ZONES OF POROSITY AND CONTENTS THEREOF; DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING		3	This form is designed for submitting a comp pursuant to applicable Federal and/or State 1 el, particularly with regard to local, area, or r state office. See instructions on items 22 and 5 ed prior to the time this summary record is su pressure tests, and directional surveys, shoul e listed on this form, see item 35. If there are no applicable State requirements al office for specific instructions. Indicate which elevation is used as reference end 24 : If this well is completed for separate or intervals, top(s), bottom(s) and name(s) additional interval to be separately produced. "Sacks Comment": Attached supplemental reco Submit a separate completion report on this a	
		. <u>.</u>		-	1. I				CORE AND			lete and correct w aws and regulation exional procedure 24, and 33, below a builted, copies of d be attached her d be attached her production from (if any) for only where not othe production from (if any) for only with any for and reds for this well form for each int	
ILS COVEDNDENT BOINTING OFFICE AND		•		: : : :		1997 1997 - 1997 1997 - 1997		DESCRIPTION, CONTENTS, E	D INTERVALS; AND ALL DRILL-STEM TESTS, SHUT-IN PRESSURES, AND RECOVERIES		1.5 15 2		INSTRUCTIONS
		1		1. 1	· .			ETC.	STEM TESTS, INCLUDING	-		leg on all types of lane il instructions concern s shown below or will for separate completi- gs (drillers, geologists, d by applicable Feder ed by applicable Feder and be described in acc- neasurements given in ne (multiple completion iftem 33. Submit a se auch interval. any multiple stage co- duced. (See instruction	SN
	·			San Andres	Queen	Yates	NASIE		38. GEOLC			 completion report and log on all types of lands and leases to either a Federal agency or a State agency. Any necessary special instructions concerning the use of this form and the number of copies to be rding separate reports for separate completions, sample and core analysis, all types electric, etc.), formation the extent required by applicable Federal and/or State laws and regulations. All attachments is essential and/or State in the form and in any attachments. In and should be described in accordance with Federal requirements. Consult local State set shown) for depth measurements given in other spaces on this form and in any attachments. e than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing e interval reported in item 33. Submit a separate report (page) on this form, adequately identified, and data pertment to such interval. I to be separately produced. (See instruction for items 22 and 24 above.) 	
				27001	21801	1534"	MEAS. DEPTH	TOP	GEOLOGIC MARKERS			Federal agency - n and the nur- e obtained from, e obtained from, as, all types elec- und regulations. requirements. Co- run and in any at und in item 24 sh und in item 24 sh	
				27001	21801	1534"	TRUE VERT. DEPTH	P				c) or a State agency, c) or a State agency, c) of copies to be the the local Federal dectric, etc.), forma- sis. All attachments Consult local State consult local State c attachments. show the producing dequately identified, dequately identified.	

U.S. GOVERNMENT PRINTING OFFICE: 1953 - O-683636

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