

UNITED STATES

SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42-R355.5.

NMOCC - ARTESIA

DEPARTMENT OF THE INTERIOR

NMOCC - MEXICO

☒ GEOLOGICAL SURVEY

(See other instructions on reverse side)

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 Sun Oil Company							
3. ADDRESS OF OPERATOR P. O. Box 2792, Odessa, Texas 77660							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' from north line & 660' from east line of Sec. 29, T8S, R30E At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
12. COUNTY OR PARISH Chaves				13. STATE N. Mexico			
15. DATE SPUDDED 12-2-67		16. DATE T.D. REACHED 12-1-67		17. DATE COMPL. (Ready to prod.) 12-13-67		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* Gr. 4122' RKB 4136 DF 4135	
19. ELEV. CASINGHEAD 4121		20. TOTAL DEPTH, MD & TVD 3510		21. PLUG, BACK T.D., MD & TVD 3457		22. IF MULTIPLE COMPL., HOW MANY* No	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3340-3449 Milnesand (San Andres)		25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray - Densilog	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
2-5/8"		20#		333'		12-1/4"	
4-1/2"		9.5#		3510'		7-7/8"	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
2-3/8"		3200'		3146'		3340, 44, 46, 52, 54, 61, 64, 70, 73, 76, 78, 3413, 19, 38, 44, 49 (16 holes) One 3/8" hole per interval.	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
3340-3449		8000 gals. 28% NE HCL using 16 - 7/8" Ball Sealers & flushed w/4000 gals treated fresh water.					
33.* PRODUCTION							
DATE FIRST PRODUCTION 12-13-67		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Prod.	
DATE OF TEST 12-14-67		HOURS TESTED 15 hrs.		CHOKE SIZE 1/2"		PROD'N. FOR TEST PERIOD →	
OIL—BBL. 165		GAS—MCF. TSTM		WATER—BBL. None		GAS-OIL RATIO —	
FLOW. TUBING PRESS. 120		CASING PRESSURE Pkr.		CALCULATED 24-HOUR RATE →		OIL GRAVITY-API (CORR.) 26° API	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS Electric logs, Form 9-331							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED J. E. Edison		TITLE Area Superintendent				DATE 12-15-67	

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

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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Red Bed Anhy & Salt Anhydrite Limestone Dolomite	0 333 2007 2627 3214	333 2007 2627 3214 3510	*Electric Logs will be mailed directly from Lane Wells.	Cato Milnesard	3410/3454 3324/3385	