

UNITED STATES

SUBMIT IN DUPLICATE

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

NMOC - ARTESIA

NMOC - HOBBS

BLM - SANTA FE

DEPARTMENT OF THE INTERIOR
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 79760															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL & 1980 FEN, Sec. 29, T8S, R30E At top prod. interval reported below At total depth															
14. PERMIT NO.				DATE ISSUED											
15. DATE SPUDDED 12-9-67		16. DATE T.D. REACHED 12-16-67		17. DATE COMPL. (Ready to prod.) 12-21-67		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* Gr. 4110, DF 4121, KB 4122		19. ELEV. CASINGHEAD 4109							
20. TOTAL DEPTH, MD & TVD 3510		21. PLUG, BACK T.D., MD & TVD 3478		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0 - 3510		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3298-3376 Milnesand (San Andres)							
25. WAS DIRECTIONAL SURVEY MADE yes								26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray -Corr., density		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"		20#		333		12 1/4		225 sks		none					
4 1/2"		9.5		3510		7 7/8		300 sks		none					
29. LINER RECORD												30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
-		-		-		-		-		2 3/8"		3227		3092	
31. PERFORATION RECORD (Interval, size and number) 3298, 3300, 02, 05, 07, 14, 16, 18, 26, 30, 33, 68, 70, 73, 76(15 holes) 1 - .375 hole per interval												32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 3298-3376 AMOUNT AND KIND OF MATERIAL USED 8000 gal. 28% NE HCL			
33. PRODUCTION															
DATE FIRST PRODUCTION 12-21-67		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowed								WELL STATUS (Producing or shut-in) Prod.					
DATE OF TEST 12-21-67		HOURS TESTED 15		CHOKE SIZE 32/64		PROD'N. FOR TEST PERIOD →		OIL—BBL. 125		GAS—MCF. NAG		WATER—BBL. none		GAS-OIL RATIO TSTM	
FLOW. TUBING PRESS. 100		CASING PRESSURE Pkr.		CALCULATED 24-HOUR RATE →		OIL—BBL. 199		GAS—MCF. NAG		WATER—BBL. None		OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented															
35. LIST OF ATTACHMENTS See reverse side lectric Logs, Form 0-9-331															
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											
ACCEPTED FOR RECORD (See Instructions and Spaces for Additional Data on Reverse Side) J. W. Smithland District Engineer															

5. LEASE DESIGNATION AND SERIAL NO.

NM 0346362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Woodman Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Cato, S.A. - Est. Und.

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 29, T8S, R30E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

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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.

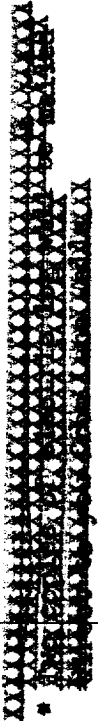
Item 4: If there are no applicable-State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

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 Anhydrite Salt Anhydrite Limestone	0 333 2245 2690	333 2245 2690 3510 T.D.		San Andres P1 Marker Milnesand Cato	2586 3134 3280 3362	