

Form 9-330
NMOCC - ARTESIA
NMOCC - FIDDIS
BLM - SANTA FE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 10-1455.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: ☒ OIL WELL ☐ GAS WELL ☐ DRY ☐ Other

2. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

3. NAME OF OPERATOR

Sun Oil Company

4. ADDRESS OF OPERATOR

P. O. Box 2792, Odessa, Texas 79760

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) *

At surface 660 FNL and 660' FEL of Sec. 29, T8S, R30E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.)

12-19-67

12-26-67

12-31-67

18. ELEVATIONS (DF, RKB, RT, GS, etc.)

4129 DF, 4130 RAB, 4118 GS

20. TOTAL DEPTH, MD & TVD

3490

21. PLUG, BACK T.D., MD & TVD

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22. IF MULTIPLE COMPL., HOW MANY?

No

23. INTERVALS DRILLED BY

0

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD)

3342-3444 Milnesand (San Andres)

25. TYPE ELECTRIC AND OTHER LOGS RUN

Densilog

26. CASING RECORD (Report in duplicate)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE
8 5/8"	20.0	336	12 1/4
4 1/2"	9.5	3490	7 7/8

27. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH
2 3/8						3424

28. PERFORATION RECORD (Interval, size and number)

3342, 44, 46, 50, 53, 55, 61, 63, 70, 3410, 12, 15, 30, 32, 44 (15 holes)

29. ADD. SHOT, FRACTURE, CEMENT, SQUEEZE, etc.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3342-3444	8000 gals. 20% NEA HCl acid and 18 1/2" 5/8" 100 mesh sand flushed with 4000 gals. treated fresh water

30. PRODUCTION

DATE FIRST PRODUCTION 12-31-67 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping - 2" x 1 1/4" insert pump

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.
1-11-68	24	2"		23	NAG	40

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
254	254		23	NAG	40

31. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

32. LIST OF ATTACHMENTS

Electric log, Form 9-331

33. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

P. E. Hoppel

TITLE

Area Engineer

ACCEPTED FOR RECORD

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

District F

20110212M1

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 26, below regarding separate reports for separate completions.

If completed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologist sample and core analysis, all types electric, etc.), formations 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.

(where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.
Item 18: Indicate which elevation is used as reference (when 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 intervals, top(s), bottom(s), and name(s) (if any) for each 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.

for each annual interval to be separately prepared, 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 well for each interval to be separately produced. (See instruction for items 22 and 24 above).

Item 33: Submit a separate completion report on this form for each award to be separately produced. (See instructions on items 22 and 23 above.)

38. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECORDS.		39. GEOLOGIC MARKERS		40. WELL COMPLETION OR RECOMPLETION REPORT AND LOG	
FORMATION	TOP	BOTTOM	NAME	NEAR. DEPTH	TOP. DEPTH
Red Bed	0	300	Milnesand	3307	
Anhydrite	306	2275	Gato	3393	
Limestone	2275	2750			
Lime	2750	3301			
Limestone	3301	3480			
Dolomite	3480	3690			