

UNITED STATES
DEPARTMENT OF THE INTERIOR
☒ GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions 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 _____				5. LEASE DESIGNATION AND SERIAL NO. USA NM 054673	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN ALLOTTEE OR TRIBE NAME None	
2. NAME OF OPERATOR American Trading and Production Corporation				7. UNIT AGREEMENT NAME None	
3. ADDRESS OF OPERATOR P. O. Drawer 992, Midland, Texas 79701				8. FARM OR LEASE NAME Continental-Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface - 660' FS & WL of Sec. 14, T10S, R30E At top prod. interval reported below At total depth				9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUDDED 11-8-68				11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 14, T10S, R30E	
16. DATE T.D. REACHED 11-17-68				12. COUNTY OR PARISH Chaves	
17. DATE COMPL. (Ready to prod.)				13. STATE N.M.	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4131' K.B.				19. ELEV. CASINGHEAD 4118'	
20. TOTAL DEPTH, MD & TVD 3825' MD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY All		ROTARY TOOLS		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Sonic, Micro, Laterlog and Density				27. WAS WELL CORRED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE 8 5/8"		WEIGHT, LB./FT. 28#		DEPTH SET (MD) 360	
HOLE SIZE 12 1/2"		CEMENTING RECORD 250 sacks Circ.		AMOUNT PULLED None	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)		30. TUBING RECORD	
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
DATE OF TEST		HOURLY PRODUCTION		CHOKE SIZE	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
OIL—BBL.		GAS—MCF.		WATER—BBL.	
OIL GRAVITY-API (CORR.)					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
TEST WITNESSED BY					
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		TITLE		DATE	
Agent		Agent		11-27-68	

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

J. V. Smith
District Engineer

11. PERMIT NO.