

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions 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 _____		7. UNIT AGREEMENT NAME _____	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME Sibert-Federal	
2. NAME OF OPERATOR Midwest Oil Corporation		9. WELL NO. 1	
3. ADDRESS OF OPERATOR 1500 Wilco Bldg., Midland, Texas 79701		10. FIELD AND POOL, OR WILDCAT Wildcat	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FS & KL of Sec. 35 At top prod. interval reported below _____ At total depth _____		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 35, T-8-S, R-31-E	
14. PERMIT NO. _____ DATE ISSUED _____		12. COUNTY OR PARISH Chaves	
13. STATE New Mexico		19. ELEV. CASINGHEAD _____	
15. DATE SPUDDED 4-10-70	16. DATE T.D. REACHED 5-13-70	17. DATE COMPL. (Ready to prod.) _____	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4370 GR
20. TOTAL DEPTH, MD & TVD 9301	21. PLUG, BACK T.D., MD & TVD _____	22. IF MULTIPLE COMPL., HOW MANY* _____	23. INTERVALS DRILLED BY Rotary
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* RECEIVED			25. WAS DIRECTIONAL SURVEY MADE _____
26. TYPE ELECTRIC AND OTHER LOGS RUN Laterolog, Microlaterolog, Neutron			27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE 11-3/4 8-5/8	WEIGHT, LB./FT. 31.2 32 & 24	DEPTH SET (MD) 315 3325	HOLE SIZE 15" 11"
AMOUNT PULLED None None		ARTESIA OFFICE 325 400	
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)			
None		ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
None		DEPTH INTERVAL (MD)	
None		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	
HOURS TESTED		CHOKE SIZE	
PROD'N. FOR TEST PERIOD		OIL—BBL.	
GAS—MCF.		WATER—BBL.	
GAS-OIL RATIO		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 Form 9-331, Logs (3) in duplicate			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Carolyn Turner		TITLE Production Clerk	
DATE 6-19-70			

*** (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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
			DST #1 (2985-4046) 10 min. preflow very weak blow. TO 2 hrs. with very weak blow - ended after 2 hrs. Rec. 250' salt water (45,000 ppm) drlg wtr (34,000 ppm) LFP - 25' FFP 146, 120" ISIP-failed-180" PSIP - 1516. (stabilized) IMP 1927, FHP 1908, FHP 113 days.	Anhydrite Yates San Andres Clarieta Tubb Three Bros. Cisco Canyon	1522 2084 3290 4634 6203 8462 8724 9036		

RECEIVED

JUN 24 1970
OIL CONSERVATION COMM.
HOBBBS, N. M.