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SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42-R355.5.UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other in-
structions 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

Jack F. Grimm

3. ADDRESS OF OPERATOR

P. O. Box 35, Abilene, Texas 79604

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

At surface 1,980' from North & East lines of Section 28

At top prod. interval reported below Same as above

At total depth Same as above

14. PERMIT NO.

DATE ISSUED

11/12/70

12. COUNTY OR
PARISH
Chaves

13. STATE

New Mexico

15. DATE SPUDDED 11/24/70 16. DATE T.D. REACHED 1/6/71 17. DATE COMPL. (Ready to prod.) 2/16/71 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* DF 3,909' 19. ELEV. CASINGHEAD 3,898'

20. TOTAL DEPTH, MD & TVD 11,018' 21. PLUG, BACK T.D., MD & TVD 2,175 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME, (MD AND TVD)* 2,142-44' 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dresser, Atlas - Gamma - Sonic - Caliper

27. WAS WELL CORED

No

CASING RECORD (Report all strings set on well)				CEMENTING RECORD		AMOUNT PULLED
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE			
12 3/4	36	300	13 3/4	300 sx		
8 5/8	24# & 32#	2748	12 1/4	550 sx		

LINER RECORD				TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
4 shots per foot 2,142-44		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		2,142-44	1,000 gal MCA
		2,142-44	Fraced w/10,000# sand &
			10,000 gal gelled salt-water

33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
1-26-71		flow				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-27-71	24	42/64		96.60	144	41.40	1500/1
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
40#	Packer		96.60	144	41.40	Appx. 36	

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

Vented

TEST WITNESSED BY

D. Moore

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

Operator

DATE

2/16/71

*(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:			38. GEOLOGIC MARKERS	
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			NAME	MEAS. DEPTH
FORMATION	TOP	BOTTOM		TRUE VERT. DEPTH
Queen Sand	2,133	2,146		
San Andres	2,776	4,140	DST #1 3,278-3,487 - tool open 28 min. very wk blow, died in 28 min. Rec. 210' drlg fld, IFP 117# FFP 184# FSIP 1344, Hydro 1611.	
Penn Formation			DST #2 10,060-10,134, tool open 60 min. gas to surf. in 45 min., TSTM/ Rec. 268 mud, 60' gas cut mud, ISIP 1628#, IFP 100 FSIP (60 min) 1628#, Hydro 4677.	
Devonian	10,975	TD in Devonian		

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