

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____                                                                                       |                 |                                                                              |                                                                                                                                                      | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 0314228               |                      |
| b. TYPE OF COMPLETION:<br>NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <u>P &amp; A</u> |                 |                                                                              |                                                                                                                                                      | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>NA                      |                      |
| 2. NAME OF OPERATOR<br>J. Frank Stringer                                                                                                                                                                                        |                 |                                                                              |                                                                                                                                                      | 7. UNIT AGREEMENT NAME<br>NA                                    |                      |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 3037, San Angelo, Texas 76901                                                                                                                                                               |                 |                                                                              |                                                                                                                                                      | 8. FARM OR LEASE NAME<br>Terra-Federal                          |                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface 1980' from the South & 660' from the West Lines<br>At top prod. interval reported below<br>At total depth same.      |                 |                                                                              |                                                                                                                                                      | 9. WELL NO.<br>2                                                |                      |
| 14. PERMIT NO. _____ DATE ISSUED<br>11-27-70                                                                                                                                                                                    |                 |                                                                              |                                                                                                                                                      | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat                       |                      |
| 15. DATE SPUDDED<br>11-29-70                                                                                                                                                                                                    |                 |                                                                              |                                                                                                                                                      | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br>21-12S-31E |                      |
| 16. DATE T.D. REACHED<br>12-7-70                                                                                                                                                                                                |                 |                                                                              |                                                                                                                                                      | 12. COUNTY OR PARISH<br>Chaves                                  |                      |
| 17. DATE COMPL. (Ready to prod.)<br>None                                                                                                                                                                                        |                 |                                                                              |                                                                                                                                                      | 13. STATE<br>New Mexico                                         |                      |
| 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*<br>4146' GL 4156' DF                                                                                                                                                                    |                 | 19. ELEV. CASINGHEAD<br>4146'                                                |                                                                                                                                                      |                                                                 |                      |
| 20. TOTAL DEPTH, MD & TVD<br>4050'                                                                                                                                                                                              |                 | 21. PLUG, BACK T.D., MD & TVD<br>P & A                                       |                                                                                                                                                      | 22. IF MULTIPLE COMPL., HOW MANY*<br>None                       |                      |
| 23. INTERVALS DRILLED BY<br>→ 0 - 4050'                                                                                                                                                                                         |                 | ROTARY TOOLS                                                                 |                                                                                                                                                      | CABLE TOOLS                                                     |                      |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br>None                                                                                                                                           |                 |                                                                              |                                                                                                                                                      | 25. WAS DIRECTIONAL SURVEY MADE<br>No                           |                      |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN<br>Welex Acoustic Velocity & Guard Logs                                                                                                                                                    |                 |                                                                              |                                                                                                                                                      | 27. WAS WELL CORED<br>Yes                                       |                      |
| 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              | 294                                                                          | 12 1/4"                                                                                                                                              | 225 sacks                                                       | 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)<br>No Completion attempted                                                                                                                                                   |                 |                                                                              | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.<br>DEPT. INTERVAL (MD) _____ AMOUNT AND KIND OF MATERIAL USED _____<br><b>RECEIVED</b><br>DEC 11 1970 |                                                                 |                      |
| 33.* PRODUCTION                                                                                                                                                                                                                 |                 |                                                                              |                                                                                                                                                      |                                                                 |                      |
| DATE FIRST PRODUCTION<br>None                                                                                                                                                                                                   |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)<br>None |                                                                                                                                                      |                                                                 |                      |
| DATE OF TEST<br>---                                                                                                                                                                                                             |                 | HOURS TESTED<br>---                                                          | CHOKE SIZE<br>---                                                                                                                                    | PROD'N. FOR TEST PERIOD<br>→                                    |                      |
| FLOW. TUBING PRESS.<br>---                                                                                                                                                                                                      |                 | CASING PRESSURE<br>---                                                       | CALCULATED 24-HOUR RATE<br>→                                                                                                                         | OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____                  | GAS-OIL RATIO<br>--- |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)<br>None                                                                                                                                                              |                 |                                                                              |                                                                                                                                                      | TEST WITNESSED BY<br>---                                        |                      |
| 35. LIST OF ATTACHMENTS<br>1                                                                                                                                                                                                    |                 |                                                                              |                                                                                                                                                      |                                                                 |                      |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records                                                                                               |                 |                                                                              |                                                                                                                                                      |                                                                 |                      |
| SIGNED <u>[Signature]</u>                                                                                                                                                                                                       |                 | TITLE<br>Geologist                                                           |                                                                                                                                                      | DATE<br>12-9-70                                                 |                      |

\* (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, of 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.)

## C 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.                        |
|---------------|---------------------|--------|----------------------------------------------------|
| Santa-Rosa-   | 0                   | 1060   | Red Shale & Sand                                   |
| Dewey Lake    |                     |        |                                                    |
| Rustler       | 1060                | 1150   | Anhydrite                                          |
| Salado        | 1150                | 1785   | Salt, anhydrite                                    |
| Tansil        | 1785                | 1875   | Anhydrite                                          |
| Yates         | 1875                | 2105   | Red Sand & Shale & Anhydrite                       |
| Seven Rivers  | 2105                | 2635   | Anhydrite & Shaley sands                           |
| Queen-        | 2635                | 3230   | Red Shale, Anhydrite, salt and sand                |
| Grayburg      |                     |        |                                                    |
| San Andres    | 3230                | 4050   | Dolomite with anhydrite                            |
| Cored 2610-   | 2660, Recovered 50' |        | Red Shale, Salt, Anhydrite and oil saturated sand. |
| DST 2630-2660 | Recovered 585'      |        | of Salt water.                                     |

## 38. GEOLOGIC MARKERS

| NAME         | MEAS. DEPTH | TOP | TRUE VERT. DEPTH |
|--------------|-------------|-----|------------------|
| Rustler      | 1060        |     |                  |
| Top Salt     | 1150        |     |                  |
| Tansil       | 1785        |     |                  |
| Yates        | 1875        |     |                  |
| Seven Rivers | 2105        |     |                  |
| Queen Fm.    | 2610        |     |                  |
| Queen Sand   | 2635        |     |                  |
| Penrose      | 2737        |     |                  |
| Grayburg     | 2950        |     |                  |
| San Andres   | 3230        |     |                  |
| "Pi"         | 3740        |     |                  |
| T.D.         | 4050        |     |                  |

RECEIVED

DEC 14 1970

OIL CONSERVATION COMM

HOBBS, N. M.

RECEIVED

DEC 14 1970

O. C. C.  
ARTESIA, OFFICE