

N. M. G. C. C.

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. NM 0271104-B	
b. TYPE OF COMPLETION: 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 & A</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR JACK L. McCLELLAN		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR Box 848 - ROSWELL, NEW MEXICO 88201		8. FARM OR LEASE NAME TOLPAT FEDERAL "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FNL & 660' FWL 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 5-28-72		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 28-10S-30E NMMP	
16. DATE T.D. REACHED 6-8-72		12. COUNTY OR PARISH CHAVES	
17. DATE COMPL. (Ready to prod.) 6-12-72		13. STATE NEW MEXICO	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4069 KB		19. ELEV. CASINGHEAD 4057	
20. TOTAL DEPTH, MD & TVD 3636'		21. PLUG, BACK T.D., MD & TVD 3535' BP	
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY ROTARY TOOLS 0-3636 CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3561'-3568' 3478'-3492'		25. WAS DIRECTIONAL SURVEY MADE YES	
26. TYPE ELECTRIC AND OTHER LOGS RUN GAMMA RAY - SONIC & NEUTRON		27. WAS WELL CORED _____	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8	20	336	11"
5 1/2	15.5	3636	7 7/8
		CEMENTING RECORD	
		150 SKS CEMENT CIRC	
		150 SKS	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
		SCREEN (MD)	
30. TUBING RECORD			
SIZE	DEPTH SET (MD)		PACKER SET (MD)
2 3/8	3498		
31. PERFORATION RECORD (Interval, size and number)			
3561-3568 11 HOLES			
3478-3492 10 HOLES			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3561-3568		500 GAL MUD ACID-2,000 GAL 15%	
3478-3492		500 GAL MUD ACID-3,000 GAL 20%	
		FRACED W/24,000 GAL GELLED	
		WATER & 15,250# SAND	
33.* PRODUCTION			
DATE FIRST PRODUCTION _____		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____	
DATE OF TEST _____		WELL STATUS (Producing or shut-in) _____	
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.) _____			
35. LIST OF ATTACHMENTS INCLINATION REPORT			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>W. L. Gordon</u>		TITLE <u>PRODUCTION SUPERINTENDENT</u>	
		DATE <u>JULY 11, 1972</u>	

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

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AUG 22 1972

OIL CONSERVATION COMM.
HOBBS, N. M.

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.	38.	GEOLOGIC MARKERS	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
SLAUGHTER ZONE OF S. A.	3460		PERFORATED 3561'-3568' - RECOVERED FORMATION WATER PERFORATED 3478'-3492'. PUMPED DRY WITHOUT RECOVERING LOAD. NO OIL OR GAS.			YATES QUEEN SAN ANDRES	1567 2251 2819		

U. S. GEOLOGICAL SURVEY
ARRESTA, NEW MEXICO
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G & M DRILLING CO., INC.

Box 1223
Lamesa, Texas
806-872-8796

INCLINATION REPORT

OPERATOR: Jack L. McClellan
Box 848
Roswell, New Mexico

LOCATION: 1 Tolpat "B"
Federal
Chaves County
New Mexico

Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees	Depth Feet	Inclination Degrees
340	$\frac{1}{2}$				
136	$\frac{3}{4}$				
1600	$\frac{1}{2}$				
2387	$1\frac{1}{4}$				
3030	$\frac{1}{2}$				
3530	$\frac{1}{2}$				
3630	$\frac{1}{2}$				

STATE OF NEW MEXICO

COUNTY OF CHAVES

The undersigned states that he has knowledge of the facts and matter herein set forth and that the same are true and correct.

State of New Mexico :
County of Lea : ss.

R. E. Mayfield Sr.

The foregoing instrument was acknowledged before me this
3rd. day of July, 1972, by R. E. Mayfield, Sr.

My Commission expires
March 5, 1973

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AUG 21 1972
U. S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Notary Public

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D. C. C.
ARTESIA, OFFICE