

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 ☐	CHANGE OPERATOR ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	
2. NAME OF OPERATOR		HUMBLE OIL & REFINING COMPANY					
3. ADDRESS OF OPERATOR		P.O. Box 1600 MIDLAND, TEXAS 79701					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 990' FNL & 330' FWL					
At top prod. interval reported below							
At total depth							
14. PERMIT NO.		DATE ISSUED					
5. LEASE DESIGNATION AND SERIAL NO.		LC-032233-A					
6. IF INDIAN, ALLOTTEE OR TRIBE NAME							
7. LEASE AGREEMENT NAME							
8. FARM OR LEASE NAME		BOLERS "A" FEDERAL COM 35					
9. WELL NO.		35					
10. FIELD AND POOL, OR WILDCAT		HOBBS GRAYBURG SAN ANDRES					
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA		SEC. 29, T-18S, R-38E					
12. COUNTY OR PARISH		LEA					
13. STATE		NEW MEXICO					
15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD		
11-9-71	11-23-71	12-11-71	3661 DF				
20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS		
4331	4250	NO	→	4331	—		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE		
OPEN HOLE					YES		
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED		
BORE HOLE COMPENSATED SONIC GR DUAL LATERAL LOG MICRO LATERAL					NO		
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	24	310	11	150 SK	NONE		
5 1/2	14	3905	7 7/8	300 SK	NONE		
29. LINER RECORD			30. TUBING RECORD				
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
NONE					2 7/8	4168	4168
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				4168-4250			
				AMOUNT AND KIND OF MATERIAL USED			
				NATURAL			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)		
12-1-71		FLOWING			PROD.		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-11-71	24	25/64	→	122	170	65	1393
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
175	PKR.	→	122	170	65	32.5	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
PHILLIPS PETR. COMPANY						LELAUS LAMBERT	
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

J. C. Stovall

TITLE

UNIT HEAD

DATE

12-15-71

*(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:

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	TRUE VERT. DEPTH
SAND	0	120		GRAYBORG	3988	
ROCK + RED BED	120	315		SACANDRES	4092	
RED BED	315	1279				
RED BED + ANHY	1279	1580				
ANHY	1580	1807				
ANHY + SALT	1807	2947				
ANHY	2947	3142				
ANHY + LM	3142	3475				
LIME	3475	4331				