

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 - 0554244	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR JOHN H. HILL				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 7607 Brookhollow Cove Austin, Texas 78752				8. FARM OR LEASE NAME Edith Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' from South line, 990' from East line At top prod. interval reported below At total depth				9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED 9-16-74				10. FIELD AND POOL, OR WILDCAT Undesignated	
15. DATE SPUDDED 12-28-74				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 23-18S-32E	
16. DATE T.D. REACHED 1-10-75				12. COUNTY OR PARISH Lea	
17. DATE COMPL. (Ready to prod.) 1-12-75				13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3793 KB				19. ELEV. CASINGHEAD 3782	
20. TOTAL DEPTH, MD & TVD 4281		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-4281		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Acoustic, Laterolog				27. WAS WELL COBED 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#	356'	11"	250 sks Class C, 2% cc	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)					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			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) P + A
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					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <u>John H. Hill</u>		TITLE <u>Superintendent</u>		DATE <u>1-22-75</u>	

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



# INSTRUCTIONS

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 PRODUCE ZONES:

SHOW ALL INTERVALS OF PRODUCE AND CONFINING LITHOLOGY, TOP OF INTERVALS, AND ALL WELL-SCREEN TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION (SEED), TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Queen	3956'		DST # 1 3950'-4030'; 11 min. preflow, 1 hr ISI, 3/4 hr flow, 1-1/2 hr FSI. Recovered 620' mud, 806' salt water. IF 326#, ISI 1212#, IT 793#, FSI 1212#.	Anhydride Top Salt Base Salt Yates Seven Rivers Queen Penrose	1170' 1285' 2567' 2738' 2950' 3956' 4212'	
Penrose	4212'		DST # 2 4210'-4281'; 15 min. preflow, 1 hr ISI, 3/4 hr flow, 1-1/2 hr FSI. Recovered 10' mud. IF 30#, ISI 30#, FF 30#, FSI 70#.			