

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 ☒ Other _____										5. LEASE DESIGNATION AND SERIAL NO. NM-4312	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other P & A										6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR C. W. Trainer										7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240										8. FARM OR LEASE NAME Pennsoil Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 660' FEL of Sec. 1 At top prod. interval reported below At total depth										9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED 1/25/78										10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUNDED 1/31/78 16. DATE T.D. REACHED 5/16/78 17. DATE COMPL. (Ready to prod.) P&A 5/17/78 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3781 DF										11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 1, T19S, R33E	
20. TOTAL DEPTH, MD & TVD 3675 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____										12. COUNTY OR PARISH Lea	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None										13. STATE NM	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray										25. WAS DIRECTIONAL SURVEY MADE No	
27. WAS WELL CORED No											
28. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
14"		NA		400		17"		None		400	
10"		45#		740		11 3/4"		None		740	
8 5/8"		24#		1199		9"		None		1199	
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) None						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.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)										TEST WITNESSED BY	
35. LIST OF ATTACHMENTS None											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED W. J. Walker		TITLE Agent				DATE 6/22/78					

*(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				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
				Salt Yates Seven Rivers	1750 3136 3550