

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. MM 02392	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☒ DEEP-EN ☒ PLUG BACK ☒ DIFF. RESVR. ☐ Other Re-entry						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR CARPER DRILLING COMPANY, INC.						7. UNIT AGREEMENT NAME Mescalero Unit	
3. ADDRESS OF OPERATOR Artesia, New Mexico						8. FARM OR LEASE NAME Mescalero Unit Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL & 180' FSL At top prod. interval reported below At total depth Re-						9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED _____						12. COUNTY OR PARISH Lea	
15. DATE SPUNDED 6-3-64						13. STATE New Mexico	
16. DATE T.D. REACHED 6-9-64		17. DATE COMPL. (Ready to prod.) 6-13-64		18. ELEVATIONS (DF, REB. RT, GR, ETC.)* 3772' GR		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 10,222		21. PLUG, BACK T.D., MD & TVD 4944'		22. IF MULTIPLE COMPL., HOW MANY* →		23. INTERVALS DRILLED BY Cleaned out	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None						25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN None (Run when first drilled by El Paso Natural Gas Co.)						27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
10 3/4"				1799			
4 1/2"		10.5 & 11.6		4944		7 7/8	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number)							
4443-4463' 2 jets per foot							
CIBP 4200'							
3933'-3943' 2 jets per foot							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
4448-4463				300 gals acid, 500 bbl. wtr & 24,000 lb. sd.			
3933'-3943'				300 gal. acid, 460 bbl. wtr. & 24,000 lb. sd.			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
None							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
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 Vincent Foster		TITLE Petroleum Engineer				DATE June 15, 1964	

*(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/or State laws and regulations. All attachments should be listed on this form, see item 36.

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, for each, 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, for each additional interval to be separately produced, showing the attaching and detaching 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.)

27 SUMMARY OF POROUS ZONES. SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSION TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES	FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	GEOLOGIC MARKERS	
						MEAS. DEPTH	TRUE VERT. DEPTH