

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.

NM 086

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Superior-Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Pearl Queen

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 25, T-19-S, R-34-E

12. COUNTY OR PARISH
Lea

13. STATE

New Mexico

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESRV. Other _____

2. NAME OF OPERATOR

D. W. St. Clair

3. ADDRESS OF OPERATOR

501 First National Bank Bldg., Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface **2130' FNL & 760' FWL, Sec. 25, T-19-S, R-34-E,**

Lea County, New Mexico

At top prod. interval reported below **within 124'**

At total depth **within 135'**

14. PERMIT NO. **---** DATE ISSUED **2-8-65**

15. DATE SPUDDED **2-6-65** 16. DATE T.D. REACHED **2-18-65** 17. DATE COMPL. (Ready to prod.) **2-24-65** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **3775KB** 19. ELEV. CASINGHEAD **3764**

20. TOTAL DEPTH, MD & TVD **5150** 21. PLUG, BACK T.D., MD & TVD **5150** 22. IF MULTIPLE COMPL., HOW MANY* **---** 23. INTERVALS DRILLED BY ROTARY TOOLS **0-5150** CABLE TOOLS **---**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* **4808, 4910, 5019** 25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN **Schl. Sonic, LL, MLL, PDC** 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
8 5/8"	23#	228	11"	125 sx 2% CaCl. Circulated	---
5 1/2"	15.5# & 17#	5148	7 7/8"	270 sx 50-50 Lite-poz top of cement - 2950	---

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	5083	---

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

2 - .54 Crack Jet shots each at 4808, 4910, 5019

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
Frac thru perf. w/	20,000 gal 1 1/2 # sand/gal.

33.* PRODUCTION

DATE FIRST PRODUCTION **3-3-65** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Pump - 2" x 1 1/4" x 12' bottom holddown** WELL STATUS (Producing or shut-in) **Producing**

DATE OF TEST **3-4-65** HOURS TESTED **24** CHOKES SIZE **2"** PROD'N. FOR TEST PERIOD **---** OIL—BBL. **65** GAS—MCF. **120** WATER—BBL. **28** GAS-OIL RATIO **1846-1**

FLOW. TUBING PRESS. **---** CASING PRESSURE **35#** CALCULATED 24-HOUR RATE **---** OIL—BBL. **65** GAS—MCF. **120** WATER—BBL. **28** OIL GRAVITY-API (CORR.) **36**

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented** TEST WITNESSED BY **Joe McKinney**

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 _____ TITLE **Agent** DATE **3-8-65**

*(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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Sidewall - core-Sand	3913					
"	4065		Show Oil	Anhydrite	1809	
"	4803		"	Salt	1933	
"	4912		"	Yates	3500	
"	4917		and water	Quoon	4664	
"	4961		"	Penrose	4946	
"	5019		Show Oil			
"	5030		"			

37. SUMMARY OF POROUS ZONES:
 SHOW INTERVALS, ZONES OF POROSITY AND CONTENTS OF INTERVALS, CORE INTERVALS AND ALL OTHER STRATA BEING PENETRATED BY WELL, INTERVAL TESTED, CEMENT SET, TIME PAID OPEN, FLOWING AND SHUT-IN PRESSURES, AND REVENUES.

38. GEOLOGIC MARKERS