SPEEDISET® MOORE BUSINESS FORMS, INC., WICHITA FALLS, TEXAS N (73251)

HALLIBURTON SERVICES
JOB LOG

FORM 2013 R-2

WELL NO. 1 LEASE ST 31 TICKET NO. 775579

CUSTOMER PIONEER PAGE NO.

JOB TYPE ACID BRK & N2 DATE 12-24-84

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T	PUMPS C	PRESSURE (PSI) TUBING	PRESSURE (PSI) CASING	DESCRIPTION OF OPERATION AND MATERIALS
	05:40							ON LOCATION
1	07:23	0	6	/		0	0	BREAK CIRC
2	07:40	2.4	2000	/		200		START ACID TO SPOT
3	07:46	2.6	600	/		300		START H2O
4	08:07	.8	2662	/		100		ACID ON SPOT
5	08:42	0	0		/	0	0	REVERSE
6	09:11	2.6	3150		/	400	400	TUB REVERSED
7	09:19	6	0	/		7000		TEST LINES
8	09:26	0	0	/		0	1000	START FLUID N2
9	09:57	1	960	/		1900	1000	ACID ON SPOT
10	09:59	0	0	/		0	0	SET PKR
11	10:19	6	0	/		0	6	RESUME PUMPING
12	10:26	2	1296	/		4600	1000	BROKE BD
13	10:23	2	1309	/		4500		ACID ON FORM
14	10:29	4	1810	/		4500		1000 ACID IN FORM
15	10:30	4	2330	/		4400		1420 ACID IN " 10 FLUSH
16	10:32	4	2650	/		4400		1720 " " 20 "
17	10:35	4	3270	/		4000		2260 " " 30 "
18	10:40	4	3495	/		4300		2680 " " 45 "
19	10:45	4	3910	/		3900		3100 " " 50 "
20	10:48	4	4330	/		4600		3520 " " 60 "
21	10:50	4	4750	/		4900		3940 " " 70 "
22	10:53	4	5170	/		5000		4360 " " 80 "
23	10:56	4	5595	/		5000		4780 " " 90 "
24	10:59	4	6014	/		5300		5200 " " 100 "
25	11:01	4	6200	/		5200		SHUT DOWN SURGE BBLS OFF
26	11:08	0	0	/		3000		RESUME PUMPING
27	11:17	3	7772	/		4900		SHUT DOWN ACID IN FORM
								MAX PSI 5300 PSI
								AVG PSI 4653 PSI
								AVG RATE 4 BPM
			5 MIN	-	3500			AVG PRESS 4 BPM
			10 MIN	-	3300			ACID - 157.1 BBL
			15 MIN	-	3200			FLUSH - 42.1
								TOT 199.2 BBL

SPEEDISET® DORE BUSINESS FORMS, INC., WICHITA FALLS, TEX. - N 83 743

HALLIBURTON SERVICES
JOB SUMMARY

FORM 2025

HALLIBURTON DIVISION: MIDLAND

HALLIBURTON LOCATION: HOBBS

BILLED ON TICKET NO.: 222539

WELL DATA

FIELD: S BOURNE SEC. TWP. RNG. COUNTY: LEA STATE: NEW MEX

FORMATION NAME: ABO TYPE:

FORMATION THICKNESS: 559 FROM: 8588 TO: 9147

INITIAL PROD: OIL BPD. WATER BPD. GAS MCFD

PRESENT PROD: OIL BPD. WATER BPD. GAS MCFD

COMPLETION DATE MUD TYPE MUD WT.

PACKER TYPE: BTTS SET AT: 8396

BOTTOM HOLE TEMP. PRESSURE

MISC. DATA TOTAL DEPTH: 7170

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	U	17	5½	0	9177	
LINER						
TUBING	U		2⅞	0	8396	
OPEN HOLE						SHOTS/FT.
PERFORATIONS				8588	9147	54
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 4-24-84	DATE 4-24-84	DATE 4-24-84	DATE 4-24-84
TIME 23:00	TIME 05:30	TIME 07:23	TIME 11:55

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
A SAIA	28805 FRAC	HOBBS
D HARRIS		
D CLIFTON		
F TOOLES		
W - FLETCHER		
A SMITH	FIELD MAN	HOBBS

MATERIALS

TREAT. FLUID: ACID DENSITY: 8.9 LB/GAL.°API

DISPL. FLUID DENSITY LB/GAL.°API

PROP. TYPE SIZE LB.

PROP. TYPE SIZE LB.

ACID TYPE: NEFE GAL.: 6600 %: 15

ACID TYPE GAL. %

ACID TYPE GAL. %

SURFACTANT TYPE GAL. IN

NE AGENT TYPE: 1417 GAL.: 20 IN: 6600

FLUID LOSS ADD. TYPE GAL.-LB. IN

GELLING AGENT TYPE GAL.-LB. IN

FRIC. RED. AGENT TYPE GAL.-LB. IN

BREAKER TYPE GAL.-LB. IN

BLOCKING AGENT TYPE GAL.-LB.

PERFPAC BALLS TYPE QTY.

OTHER: HAI-65 6.5 GAL. IN 6600

OTHER

DEPARTMENT: CEMENT

DESCRIPTION OF JOB: ACID W/ 15% NEFE

JOB DONE THRU: TUBING ☒ CASING ☐ ANNULUS ☐ TBG./ANN. ☐

CUSTOMER REPRESENTATIVE X Dennis Inf

HALLIBURTON OPERATOR: A SAIA COPIES REQUESTED

CEMENT DATA

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.

PRESSURES IN PSI

CIRCULATING: DISPLACEMENT:

BREAKDOWN: 4600 MAXIMUM: 5300

AVERAGE: FRACTURE GRADIENT:

SHUT-IN: INSTANT: 3500 5-MIN.: 3300 15-MIN.: 3200

HYDRAULIC HORSEPOWER

ORDERED: AVAILABLE: USED:

AVERAGE RATES IN BPM

TREATING: DISPL.: OVERALL: 4

CEMENT LEFT IN PIPE

FEET: REASON:

SUMMARY

VOLUMES

PRESLUSH: BBL.-GAL. TYPE:

LOAD & BKDN: BBL.-GAL. PAD: BBL.-GAL.

TREATMENT: BBL.-~~GAL.~~: 157.1 DISPL.: BBL.-GAL.: 42.1

CEMENT SLURRY: BBL.-GAL.

TOTAL VOLUME: BBL.-GAL.: 199.2

REMARKS

CUSTOMER: PHILLIPS LEASE: STATE 31 WELL NO.: 1 JOB TYPE: ACID BRK DN & SQZ DATE: 4-24-84

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

CORRECTED COPY

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
Pioneer Production Corporation

Address
P. O. Box 2542 Amarillo, Texas 79189

Reason(s) for filing *(Check proper box)*
New Well [X] Change in Transporter of
Recompletion [ ] Oil [ ] Dry Gas [ ]
Change in Ownership [ ] Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*
CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/19/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-7607 (8-1-84)

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State 30	1	~~Undes.~~ So. Double A ABO	State, Federal or Fee State	LG-6730

Location
Unit Letter K ; 2310 Feet From The South Line and 2227 Feet From The West

Line of Section 30 Township 17-S Range 36-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
KOCH Oil Company of Texas, Inc.	P. O. Box 1558 Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	30	17-S	36E	no	

If this production is commingled with that from any other lease or pool, give commingling order number: none

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-18-84	5-15-84	9320'	9250'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3893 KB	ABO Detrital	8592'	8931'
Perforations			**Depth Casing Shoe**
8592'-9147'			9321'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	405'	420
11"	8 5/8"	3499'	1000
7 7/8"	5 1/2"	9322'	1590
	2 3/18"	8931'	-

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
5-19-84	5-22-84	pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24		30#	--
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
425	55	370	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jim Ensergrass
(Signature)
Production Engineer
(Title)
May 22, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 4 1984, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.