

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 ☒	GAS WELL ☐	DRY ☐	Other ☐		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR The Atlantic Refining Company							
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FNL, 1980' PSL At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED 6/21/63			
15. DATE SPUDDED 6/27/63		16. DATE T.D. REACHED 7/6/63		17. DATE COMPL. (Ready to prod.) 3/6/63		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3541' RKB	
19. ELEV. CASINGHEAD 3528'		20. TOTAL DEPTH, MD & TVD 2689' (Corr.)					
21. PLUG, BACK T.D., MD & TVD 2680		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-2689	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2632-2678		25. WAS DIRECTIONAL SURVEY MADE No					
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Neutron run in July 1963							
27. WAS WELL CORED Yes*							
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13-3/8		48		946.66		17-1/2	
9-5/8		32.3		2580.68		12-1/4	
4-1/2		10.5		2689.00		8-3/4	
CEMENTING RECORD		AMOUNT PULLED					
950 sx							
1200 sx							
200 sx (Top cement at 1800')							
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)							
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2-3/8		2609.98		None			
31. PERFORATION RECORD (Interval, size and number)							
2632-2644 2649-2662 2 JSPT (74 holes) 2666-2678							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
2632-2678				500 gal. mud acid, 1000 gal. 15% HCl acid, 40,000 gal. of fresh water containing 60,000# of 20/40 sand.			
33.* PRODUCTION							
DATE FIRST PRODUCTION 4/2/63		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Swabbing				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 4/5/63		HOURS TESTED 22		CHOKE SIZE 2"		PROD'N. FOR TEST PERIOD →	
OIL—BBL. 75		GAS—MCF. TSTM		WATER—BBL. 138 (load)		GAS-OIL RATIO TSTM	
FLOW. TUBING PRESS. 0		CASING PRESSURE 0		CALCULATED 24-HOUR RATE →		OIL—BBL. 82	
GAS—MCF. TSTM		WATER—BBL. 150 (load)		OIL GRAVITY-API (CORR.) 29°			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented - Too small to measure							
TEST WITNESSED BY T. E. Sheets							
35. LIST OF ATTACHMENTS Deviation Record							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED O. D. Bretches		TITLE Dist. Drilling Supervisor				DATE 4-6-65	

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

*See original well log - Filed on 7/15/63.

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	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
			Refer to original well log submitted on 7/15/63.				