

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.

5. LEASE DESIGNATION AND SERIAL NO.

L.C. 045708-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Owens Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wantz Abo

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

19-21S-38E

12. COUNTY OR
PARISH

Lea

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT

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

SOLAR OIL COMPANY

3. ADDRESS OF OPERATOR

P. O. Box 5596, Midland, Texas

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

At surface

660' FSL & 660' FWL

At top prod. interval reported below

At total depth

same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

12-4-68

16. DATE T.D. REACHED

2-31-68

17. DATE COMPL. (Ready to prod.)

3-2-69

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3443 Gr

19. ELEV. CASINGHEAD

3443

20. TOTAL DEPTH, MD & TVD

7500'

21. PLUG, BACK T.D., MD & TVD

7483'

22. IF MULTIPLE COMPL.,
HOW MANY*

two

23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-TD

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

7457'-6898' Abo

6835'-6711' Drinkard

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

BHC Acoustilog

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
9-5/8"	36#	850'	13-3/4"	510 sx	
7"	23# & 26#	7500'	8-5/8"	650 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	7388'	7166'
					2-3/8"	7078'	

31. PERFORATION RECORD (Interval, size and number)

See Attached

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)	
2-4-69		Pmpg 2" x 1-1/2" x 16' insert pump				Prod.	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
5-12-69	24		→	40	32	85	826
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

R Yancey

35. LIST OF ATTACHMENTS

Log Deviation

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

M. G. Smith

TITLE

Production Clerk

DATE

June 11, 1969

*(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 attached logs 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 identifying 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 TEST VERT. DEPTH
			No Cores or DST's taken	B/Salt T/Yates T/7 Rivers T/Queen T/Grayburg T/San Andres T/Glorieta T/Blinebry T/Tubb T/Drinkard T/Abo	2739 2908 3162 3732 3900 4314 5566 5938 6530 6700 7100	