

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.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0634-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilshire-Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

D-K Abo

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

Sec. 30-T20S-R39E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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. RESUR. ☐ Other ☐

2. NAME OF OPERATOR

Mark Production Company

3. ADDRESS OF OPERATOR

1108 Simons Bldg., Dallas, Texas 75201

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

At surface 2310' FS&WL of Sec. 30-T20S-R39E,

Lea County, New Mexico

At top prod. interval reported below

Same

At total depth

14. PERMIT NO.

DATE ISSUED

1-8-71

15. DATE SPUDDED

1-20-71

16. DATE T.D. REACHED

2-13-71

17. DATE COMPL. (Ready to prod.)

3-7-71

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

3557' GR

19. ELEV. CASINGHEAD

None

20. TOTAL DEPTH, MD & TVD

7400'

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

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

X

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

6981' - 7380' - Abo

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Acoustic Velocity and Forxo

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#	1665'	12-1/4"	730 sacks	
4-1/2"	11.6 & 10.5#	7412'	7-7/8"	390 sacks	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	7330'	None

31. PERFORATION RECORD (Interval, size and number)

6981' - 7380' (25 - 1/2" holes)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6981' - 7380'	12,000 gals acid

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
3-7-71		Pumping - American 160					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
3-9-71	24 hrs	-	→	81	45.3	1	560:1	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
--	--	→	81	45.3	1	37.2° API		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

W. H. Cravey

35. LIST OF ATTACHMENTS

Acoustic Velocity, Deviation Record

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

SIGNED

Gaylon Thompson

TITLE

Assistant Secretary

DATE

3-9-71

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

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.

[illegible]

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 what 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: Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. "Sacks Cement".

Item 27: *Survey comments* ; Attached supplemental reports for this item should show the details of any major design or manufacturing changes or other factors that may have influenced the results of the test.

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.)

337. SUMMARY OF POROUS ZONES:

MARK OF POROUS ZONES ; ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF ; CORED INTERVALS ; AND ALL DRILL-STEM TESTS, INCLUDING SHUT-IN PRESSURES AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH