

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

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 ☐		14. PERMIT NO. _____ DATE ISSUED _____	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ BACK ☐ RESVR. ☒ Other ☐		15. DATE SPUDDED 1-12-68	
2. NAME OF OPERATOR TEXAS PACIFIC OIL COMPANY		16. DATE T.D. REACHED 2-8-68	
3. ADDRESS OF OPERATOR P. O. Box 1069 - Hobbs, New Mexico		17. DATE COMPL. (Ready to prod.) 2-8-68	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FWL & 2130' FWL At top prod. interval reported below At total depth		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3434' RT	
5. LEASE DESIGNATION AND SERIAL NO. W-032368		19. ELEV. CASINGHEAD	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		20. TOTAL DEPTH, MD & TVD 6557'	
7. UNIT AGREEMENT NAME		21. PLUG, BACK T.D., MD & TVD 6304'	
8. FARM OR LEASE NAME		22. IF MULTIPLE COMPL., HOW MANY* 2	
9. WELL NO. Elliot B-9		23. INTERVALS DRILLED BY Rotary	
10. FIELD AND POOL, OR WILDCAT Blinabry Gas		24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Blinabry Gas 5429 - 5780'	
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Unit C		25. WAS DIRECTIONAL SURVEY MADE	
12. COUNTY OR PARISH Lea		26. TYPE ELECTRIC AND OTHER LOGS RUN	
13. STATE New Mexico		27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13-3/8"	48#	150'	
8-5/8"	32#	2749'	
5-1/2"	15.5#	6557'	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-1/16"	5367'	5367'	
31. PERFORATION RECORD (Interval, size and number)			
5429-44-69-84-96-5515-32-50-70-5602-47-62-90-5713-56 & 80' 90-5713-56 & 80' 16 holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
5429-5780'		1500 gal. 15% HCl acid	
		20,000 gal. brine / 25,000# 20/40 sand	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
		Flowing	
WELL STATUS (Producing or shut-in)			
P			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
	24 hrs.	25/64	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
	612#		5
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		GAS—MCF.	
Sold		2115	
TEST WITNESSED BY		OIL GRAVITY API (CORR.)	
Bobby Gamble		44.4	
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 Original Signed by		TITLE Area Superintendent	
Sheldon Ward		DATE 7-30-68	
* (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.)

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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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH