

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐		1b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐	
2. NAME OF OPERATOR TEXACO Inc.			
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface Well located 660' from the West Line, and 2022' from the South Line of Section 33, T-22-S, R-38-E, Lea County, New Mexico At top prod. interval reported below Unknown At total depth Unknown			
14. PERMIT NO. Regular		DATE ISSUED March 18, 1964	
15. DATE SPUDDED March 20, 64	16. DATE T.D. REACHED April 7, 1964	17. DATE COMPL. (Ready to prod.) Shut In	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3377' (D.F.)
19. ELEV. CASINGHEAD 3367'	20. TOTAL DEPTH, MD & TVD 6300'		
21. PLUG, BACK T.D., MD & TVD 6288'	22. IF MULTIPLE COMPL., HOW MANY* Two	23. INTERVALS DRILLED BY →	24. ROTARY TOOLS 6300'
25. CABLE TOOLS NONE			26. WAS DIRECTIONAL SURVEY MADE YES
27. WAS WELL CORED NO			28. TYPE ELECTRIC AND OTHER LOGS RUN Acoustic-Gamma Ray log, Acoustic Velocity Log, Gamma-collar Perf record
29. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24.00	1350'	12 1/4"
2 7/8"	6.50	6298'	7 7/8"
2 7/8"	6.50	6300'	7 7/8"
CEMENTING RECORD			
600 Sx. Cement			
1300 Sx. Cement			
1300 Sx. Cement			
AMOUNT PULLED NONE NONE NONE			
30. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*
31. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
32. PERFORATION RECORD (Interval, size and number)			
Perforate 2 7/8" O. D. Casing with one shot at 5232' & 5233'.			
33. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
5232' to 5233'		Acidize with 500 gals	
		1STNE. Swab well dry.	
		Shut zone In.	
34. PRODUCTION			
DATE FIRST PRODUCTION SHUT IN		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) SHUT IN	
DATE OF TEST SHUT IN		HOURS TESTED SHUT IN	
CHOKE SIZE -		PROD'N. FOR TEST PERIOD →	
OIL—BBL. -		GAS—MCF. -	
WATER—BBL. -		GAS-OIL RATIO -	
FLOW. TUBING PRESS. SHUT IN		CASING PRESSURE SHUT IN	
CALCULATED 24-HOUR RATE →		OIL—BBL. -	
GAS—MCF. -		WATER—BBL. -	
OIL GRAVITY-API (CORR.) -			
35. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) SHUT IN			
36. LIST OF ATTACHMENTS NONE			
37. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED H. D. Raymond		TITLE Assistant District Superintendent	
DATE May 27, 1964.			

*(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.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Top of Anhydrite	1315'	
				Top of Salt	1395'	
				Btm of Salt	2480'	
				Yates	2648'	
				Queen	3627'	
				San Andres	4090'	
				Glorieta	5229'	
				Blainebray	5650'	
				Tubb	6146'	

All measurements from rotary table or 10' above ground level.
Estimate Number 6426
USGS 6
NMOC 1
Field 1
File 1