

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See 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 ☐ DRY ☐ Other ☐
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

Texaco U.S.A.

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, NM 88240

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

At surface

At top prod. interval reported below 660' FSL & 660' FEL

(Unit Letter "p")

At total depth

11. PERMIT NO.

Plug Back -

Regular

DATE ISSUED

4-19-83

15. DATE SPUEDD

10-27-65

16. DATE T.D. REACHED

11-15-65

17. DATE COMPL. (Ready to prod.)

11-21-65

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

3376' (GR)

19. ELEV. CASINGHEAD

3376'

20. TOTAL DEPTH, MD & TVD

7340'

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

6630'

22. IF MULTIPLE COMPL.,
HOW MANY*

--

23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

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

6356-6538' - Tubb

25. WAS DIRECTIONAL
SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray - Acoustic, Mini-Focus & Caliper

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"	17.28#	1397'	11"	530 SX	-0-
2-7/8"	6.50#	7340'	7-7/8"	1200 SX	-0-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
none							

31. PERFORATION RECORD (Interval, size and number)

fs. 2-7/8" csg w/2 JSPF @ 6356', 61, 66, 69,
74, 79, 83, 91, 99, 6411, 19, 21, 28, 30, 33,
44, 51, 61, 72, 76, 80, 83, 88, 6500, 03, 10,
19, 34 & 6538'.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6356-6538'	6500 gals 20% NEFE acid & 4500 gals gel 2% KCL water

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
5-10-84		Pumping 1½" Pump					producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
5-13-84	24	--	→	36	14	11	389	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
---	--	→	36	14	11	36.7		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)								

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

sold

ACCEPTED FOR RECORD

TEST WITNESSED BY

J. A. Head

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

TITLE

Asst. Dist. Mgr.

DATE

5-18-84

* (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.), formations 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, EXCLUDING 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
Red Bed	0	1400'		Anhydrite	1367'
Anhydrite	1400'	3270'		Top of Salt	1588'
Anhydrite &	3270'	3644'		Btm of Salt	2530'
Lime				Yates	2740'
Dolomite	4033'	7340'		Queen	2836'
				San Andres	4196'
Total Depth	7340'			Glorieta	5332'
PBTD	6630'			Elinebry	5750'
				Tubb	6370'
				Drinkard	6654'
				Abo	6843'

RECEIVED
JUN 1 1984
O.C.D.
HOBBS OFFICE