

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 ☐ 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 1980' FEL & 660 FSL

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

9-18-69

12. COUNTY OR PARISH
Lea13. STATE
New Mexico

15. DATE SPUDDED

9-18-69

16. DATE T.D. REACHED

10-17-68

17. DATE COMPL. (Ready to prod.)

11-20-68

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

3355.8 GR

19. ELEV. CASINGHEAD

3355.8

20. TOTAL DEPTH, MD & TVD

7375'

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

7335'

22. IF MULTIPLE COMPL., HOW MANY*

Dual

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-TD

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

6332' - 5828'

BLINEBRY

26. TYPE ELECTRIC AND OTHER LOGS RUN

BHC Acoustilog; LL; MLL

27. WAS WELL Cased
No

CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PER

SEE ABO COMPLETION

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	6311	6463

31. PERFORATION RECORD (Interval, size and number)

SEE ABO COMPLETION

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.*

DATE FIRST PRODUCTION

1-2-69

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Pump 2" X 1-1/2" X 16"

WE. STATUS (Producing or shut-in)
Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-5-69	24	--	→	20	49	30	2450
FLOW. BING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
--	---	→	20	49	30		37.4

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

Vented

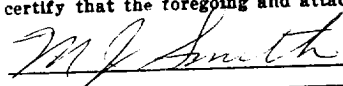
TEST WITNESSED BY

H. C. Spruill

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

Production Clerk

DATE

4-11-69

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

General: This form is designed for submitting a complete and correct well completion report for both, pursuant to applicable Federal and/or State laws and regulations. Any necessary information must be submitted, particularly with regard to local, area, or regional procedures and practices, either by reference to applicable laws and regulations, or by direct communication with the appropriate Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for wells not filled prior to the time this summary record is submitted; copies of all currently available logs (drillers', geologists', sample and core analysis, etc.), all types electric, etc.), formation tests, etc.) 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 or Indian land laws and regulations. All attachments should be included in the application.

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, interval, or intervals, top(s), bottom(s) and name(s) (if any) for each interval zone.

For each additional interval to be separately produced, showing the additional data pertinent to such interval, submit a separate report (page) on this form, adequately identified, "Sacks Cement". Attached supplemental records for this well should be submitted as follows:

Item 22: Sacks Cement

Item 23: Sacks Cement

Item 24: Sacks Cement

Item 25: Sacks Cement

Item 26: Sacks Cement

Item 27: Sacks Cement

Item 28: Sacks Cement

Item 29: Sacks Cement

Item 30: Sacks Cement

Item 31: Sacks Cement

Item 32: Sacks Cement

Item 33: Sacks Cement

Item 34: Sacks Cement

Item 35: Sacks Cement

Item 36: Sacks Cement

Item 37: Sacks Cement

Item 38: Sacks Cement

Item 39: Sacks Cement

Item 40: Sacks Cement

Item 41: Sacks Cement

Item 42: Sacks Cement

Item 43: Sacks Cement

Item 44: Sacks Cement

Item 45: Sacks Cement

Item 46: Sacks Cement

Item 47: Sacks Cement

Item 48: Sacks Cement

Item 49: Sacks Cement

Item 50: Sacks Cement

Item 51: Sacks Cement

Item 52: Sacks Cement

Item 53: Sacks Cement

Item 54: Sacks Cement

Item 55: Sacks Cement

Item 56: Sacks Cement

Item 57: Sacks Cement

Item 58: Sacks Cement

Item 59: Sacks Cement

Item 60: Sacks Cement

Item 61: Sacks Cement

Item 62: Sacks Cement

Item 63: Sacks Cement

Item 64: Sacks Cement

Item 65: Sacks Cement

Item 66: Sacks Cement

Item 67: Sacks Cement

Item 68: Sacks Cement

Item 69: Sacks Cement

Item 70: Sacks Cement

Item 71: Sacks Cement

Item 72: Sacks Cement

Item 73: Sacks Cement

Item 74: Sacks Cement

Item 75: Sacks Cement

Item 76: Sacks Cement

Item 77: Sacks Cement

Item 78: Sacks Cement

Item 79: Sacks Cement

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Item 230: Sacks Cement

Item 231: Sacks Cement

Item 232: Sacks Cement

Item 233: Sacks Cement

Item 234: Sacks Cement

Item 235: Sacks Cement

Item 236: Sacks Cement

Item 237: Sacks Cement

Item 238: Sacks Cement</

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.)

[illegible]