

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See other
structio
reverse)

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 <u>TEXACO Inc.</u>																													
3. ADDRESS OF OPERATOR <u>P.O. Box 728 Hobbs, New Mexico 88240</u>																													
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>330' PSL & 2310' FEL of</u> At top prod. interval reported below <u>Sec 19, T-22-S, R-38-E</u> At total depth <u>Lea County, New Mexico</u>																													
14. PERMIT NO.		DATE ISSUED																											
<u>Regular</u>		<u>10-31-76</u>																											
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)																									
<u>10-31-76</u>		<u>11-16-76</u>		<u>6-22-77</u>																									
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*																									
<u>7550'</u>		<u>7200'</u>		<u>3358' (GR)</u>																									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		23. INTERVALS DRILLED BY		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*																									
<u>6310'-7161' (Drinkard)</u>		<u>0-7550'</u>		<u>3358'</u>																									
26. TYPE ELECTRIC AND OTHER LOGS RUN		25. WAS DIRECTIONAL SURVEY MADE		19. ELEV. CASINGHEAD																									
<u>BHC Sonic Dual Laterolog, Compensated Neutron</u>		<u>No</u>		<u>3358'</u>																									
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)																											
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29. LINER RECORD		30. TUBING RECORD																											
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE																								
<u>7"</u>	<u>2652</u>	<u>7550</u>	<u>1022</u>		<u>2 3/8"</u>																								
31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																										
<u>Perforated 7" OD Csg Liner w/1-JSPF @ 6310', 39', 50', 67', 83', 6418', 31', 42', 61', 6553', 62', 98', 6635', 53', 87', 6726', 53', 58', 83', 6803', 69', 92', 6936', 66', 88', 7037', 43', 74', 93', 7103', 11', 23', 55', 7161'.</u>			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DEPTH INTERVAL (MD)</th> <th>AMOUNT AND KIND OF MATERIAL USED</th> </tr> </thead> <tbody> <tr> <td><u>6310'-7161'</u></td> <td><u>8600 gal 15% NE Acid</u></td> </tr> <tr> <td></td> <td><u>Frac 30,000 gal Versagel</u></td> </tr> <tr> <td></td> <td><u>1300 w/1# 20-40 Sd/Gal</u></td> </tr> </tbody> </table>			DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	<u>6310'-7161'</u>	<u>8600 gal 15% NE Acid</u>		<u>Frac 30,000 gal Versagel</u>		<u>1300 w/1# 20-40 Sd/Gal</u>																
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33. PRODUCTION																													
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)																									
<u>6-22-77</u>		<u>Pumping - 1 1/2"</u>		<u>Producing</u>																									
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.																								
<u>6-22-77</u>	<u>24</u>			<u>29</u>	<u>128</u>																								
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.																								
			<u>29</u>	<u>128</u>	<u>15</u>																								
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			OIL GRAVITY-API (CORR.)																										
<u>Sold</u>			<u>39.1</u>																										
35. LIST OF ATTACHMENTS			TEST WITNESSED BY																										
			<u>N.D. Rogers</u>																										

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 6-23-77

*(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.)

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
Red Bed	0	1260	Yates	2590	
Anhydrite	1261	4015	San Andres	3983	
Lime	4016	7467	Glorieta	5130	
Granite Wash	7468	7550	Blinberry	5510	
Total Depth		7550	Tubb	6030	
PBTD		7200	Drinkard	6305	
			Abo	6800	
			Granite Wash	7370	

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JUL 20 1977
U.S. GEOLOGICAL SURVEY
HOUSTON, TEXAS