

SEP 21 11 23 AM '65
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions 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 ☐		5. LEASE DESIGNATION AND SERIAL NO. LC-030180-(6)	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR An American Petroleum Corp.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 68 Hobbs N.M. 88240		8. FARM OR LEASE NAME C.M. FARNSWORTH "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FNL X 1657.9' FWL. SEC. 7 (UNIT F, SE 1/4 NW 1/4) At top prod. interval reported below At total depth		9. WELL NO. 7	
10. FIELD AND POOL, OR WILDCAT JALMAT - OIL		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 7-26-37 N.M.P.M.	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUNDED 8-2-65		16. DATE T.D. REACHED 8-8-65	
17. DATE COMPL. (Ready to prod.) 8-26-65		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 2975' RDB	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 3304'	
21. PLUG, BACK T.D., MD & TVD 3080'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY O-TD		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3016'-20' w/ 2 1/2" SPF. Capitan Reef	
25. TYPE ELECTRIC AND OTHER LOGS RUN Pierlog - Acoustic Gamma Ray		26. WAS DIRECTIONAL SURVEY MADE No	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
CASING SIZE 8 5/8" 5 1/2"		WEIGHT, LB./FT. 24" 23"	
DEPTH SET (MD) 354' 3304'		HOLE SIZE 11" 7 7/8"	
CEMENTING RECORD 200 210		AMOUNT PULLED	
29. LINER RECORD		30. TUBING RECORD	
SIZE 2 3/8"		DEPTH SET (MD) 3030'	
TOP (MD)		PACKER SET (MD)	
BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		31. PERFORATION RECORD (Interval, size and number)	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		33. PRODUCTION	
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
(1)		500 gal acid - Squeezed	
(2)		200 " " - Squeezed	
(3) + (4)		None " + "	
(5)		200 gal acid	
DATE FIRST PRODUCTION 8-26-65		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Producing		DATE OF TEST 8-29-65	
HOURS TESTED 24		CHOKE SIZE 18/64	
PROD'N. FOR TEST PERIOD 60		OIL—BBL. NA	
GAS—MCF. NA		WATER—BBL. 39	
GAS-OIL RATIO NA		FLOW. TUBING PRESS. 50	
CASING PRESSURE —		CALCULATED 24-HOUR RATE —	
OIL—BBL. —		GAS—MCF. —	
WATER—BBL. —		OIL GRAVITY-API (CORR.) 29.6°	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold		TEST WITNESSED BY	
35. LIST OF ATTACHMENTS None		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 Supt		DATE 8-31-65	

* (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.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		GEOLOGIC MARKERS		TRUE VERT. DEPTH	
LOG #	LOG #	MEAS. DEPTH	NAME	MEAS. DEPTH	NAME	MEAS. DEPTH	NAME	MEAS. DEPTH	NAME
		3016	3020			1085	Ankey		
		3116	3224	Oil & Gas Producing Zone		1220	Salt		
				Water bearing zone		2775	Gates		
						3012	Seven Riv.		