

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 ☒ OTHER ☐				5. LEASE DESIGNATION AND SERIAL NO. C 062132	
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 D.H. Ford and R.L. Haynie				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1209, Roswell, N.M.				8. FARM OR LEASE NAME Sinclair-Fed. "A"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' from S. & 660' from W. Lines of Sec. 1, T.26S., R.35E. At top prod. interval reported below At total depth				9. WELL NO. 1	
14. PERMIT NO.				DATE ISSUED	
15. DATE SPUDDED 4-29-66				16. DATE T.D. REACHED 5-22-66	
17. DATE COMPL. (Ready to prod.) 5-23-66				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3117	
20. TOTAL DEPTH, MD & TVD 5191				21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY* NOTED				23. INTERVALS DRILLED BY 321 to 5191	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* JUN 2 1 1966				25. WAS DIRECTIONAL SURVEY MADE No.	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Sonic				27. WAS WELL CORED Yes	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE 8 5/8"		WEIGHT, LB./FT. 24#		DEPTH SET (MD) 321	
HOLE SIZE 11"		CEMENTING RECORD Circulated		AMOUNT PULLED None	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)		TUBING RECORD	
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL 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			
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
OIL—BBL.		GAS—MCF.		WATER—BBL.	
OIL GRAVITY-API (CORR.)					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY
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 D.H. Ford		TITLE Operator-Partner		DATE 6-10-66	

*(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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
Delaware	5144	5194	Very fine grained sandstone	Base Salt	4442	
				Top Lamar	5060	
				Top Delaware	5134	