

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other
instructions
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 <u>Water Injection</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NE-2244</u>																																											
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 <u>Skelly Oil Company</u>		7. UNIT AGREEMENT NAME _____																																											
3. ADDRESS OF OPERATOR <u>P. O. Box 1351, Midland, Texas 79701</u>		8. FARM OR LEASE NAME <u>Hughes Federal</u>																																											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* <u>At surface Unit Letter H, 660' FSL & 2080' FUL Sec. 17-23S-37E</u> <u>At top prod. interval reported below</u> <u>At total depth</u>		9. WELL NO. <u>3</u>																																											
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT <u>Langlie-Mattix</u>																																											
15. DATE SPUDDED <u>12-15-75</u>		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <u>Sec. 17-23S-37E</u>																																											
16. DATE T.D. REACHED <u>12-30-75</u>		12. COUNTY OR PARISH <u>Lea</u>																																											
17. DATE COMPL. (Ready to prod.) <u>1-2-76</u>		13. STATE <u>New Mexico</u>																																											
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* <u>3314' KB</u>		19. ELEV. CASINGHEAD <u>--</u>																																											
20. TOTAL DEPTH, MD & TVD <u>3725'</u>		21. PLUG, BACK T.D., MD & TVD <u>3681'</u>																																											
22. IF MULTIPLE COMPL., HOW MANY* <u>--</u>		23. INTERVALS DRILLED BY <u>0-3725'</u>																																											
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>Langlie-Mattix 3498-3641'</u>		25. WAS DIRECTIONAL SURVEY MADE <u>No</u>																																											
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>Gamma Ray-Neutron</u>		27. WAS WELL CORED <u>No</u>																																											
28. CASING RECORD (Report all strings set in well)																																													
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <u>Water Injection Well</u>																																													
35. LIST OF ATTACHMENTS <u>9-331, Gamma Ray-Neutron Log, Deviation Affidavit</u>																																													
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records <u>(Signed: D. R. Crow)</u> SIGNED <u>D. R. Crow</u> TITLE <u>Lead Clerk</u> DATE <u>May 27, 1976</u>																																													

*(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
Anhydrite	1101'	2635'					
Yates	2635'	2388'					
Seven Rivers	2388'	3327'					
Queen	3327'	3450'					
Penrose	3450'	3580'					
Grayburg	3580'	3725'	TD				