

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See o. a.
structic on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM 23199	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR HNG Oil Company				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 2267 Midland, Texas 79702				8. FARM OR LEASE NAME Wilson 21 Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FWL & 330' FSL of Sec. 21 At top prod. interval reported below Same At total depth Same				9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED 10-24-78				10. FIELD AND POOL, OR WILDCAT <u>Und.</u> Comanche Stateline Yates	
15. DATE SPUDDED 4-24-79 16. DATE T.D. REACHED 4-28-79 17. DATE COMPL. (Ready to prod.) 5-25-79 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 2915' GR 19. ELEV. CASINGHEAD 2915'				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 21, T265, R36E	
20. TOTAL DEPTH, MD & TVD 3500 21. PLUG, BACK T.D., MD & TVD 3300 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS _____				12. COUNTY OR PARISH Lea	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3165 - 3253 Yates				13. STATE NM	
25. TYPE ELECTRIC AND OTHER LOGS RUN Sonic & Dual Laterlog				25. WAS DIRECTIONAL SURVEY MADE No	
26. CASING RECORD (Report all strings set in well) CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD) HOLE SIZE CEMENTING RECORD AMOUNT PULLED 8-5/8 23# 1410' 12-1/2" 825 sx HLW & 250 sx C1C Circ. 5-1/2 14 & 15.5# 3493' 7-7/8 150 sx HLW & 300 sx C1C				27. WAS WELL CORED No	
29. LINER RECORD SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD) 2-3/8" 3139 3108				30. TUBING RECORD SIZE DEPTH SET (MD) PACKER SET (MD) 2-3/8" 3139 3108	
31. PERFORATION RECORD (Interval, size and number) 3165 - 3253 .48" 12				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 3165-3253 40,000 gals 50#/hr gel & 50% CO2, 40,000 20-40 sd & 40,000 10-20 sd. Cmt. Ret. at 200 sx C1C	
33.* PRODUCTION 3300' DATE FIRST PRODUCTION 6-8-79 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Producing DATE OF TEST 6-9-79 HOURS TESTED 24 CHOKE SIZE 16/64' PROD'N. FOR TEST PERIOD 245 OIL—BBL. 125 GAS—MCF. 32 WATER—BBL. 510 FLOW. TUBING PRESS. 191 CASING PRESSURE Packer CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.) 31.0				34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented	
35. LIST OF ATTACHMENTS Logs, Form C-104				36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records SIGNED <u>Betty A. Gildon</u> TITLE <u>Regulatory Clerk</u> DATE <u>6-19-79</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 38. 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Tansil	3129	3500	Dolomite

38.

GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP
Tansil	3129	

RECEIVED
JUN 26 1961
O. C. C.