

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions 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 _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR TEXACO INC.						5. LEASE DESIGNATION AND SERIAL NO. LC-030174 (b)	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO. Regular						DATE ISSUED 9-11-84	
15. DATE SPUDDED 9-17-84						18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 2966' (GR)	
16. DATE T.D. REACHED 9-25-84						19. ELEV. CASINGHEAD 2966'	
17. DATE COMPL. (Ready to prod.) 11-4-84						20. TOTAL DEPTH, MD & TVD 3450'	
21. PLUG, BACK T.D., MD & TVD 3240'						22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 0-3450'						ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3127'-3224' Yates						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CNL-LDT, DLL-MSFL						27. WAS WELL CORED No	
29. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		24#		650'		12 1/4"	
5 1/2"		15.5#		3450'		7 7/8"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 3/8"		3230					
31. PERFORATION RECORD (Interval, size and number)							
Perf. 5 1/2" Csg W/2-JSPF From 3127-3154, 3161-3164, 3190-3208, & 3214-3224'.							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
3127-3224'				6000 Gals 15% NE Acid & 80 Ball Sealers.			
				24,000 Gals X-Linked Gel 2% KCL Ac			
				Wtr. 21,500 gals CO2, 60,000# 20/40			
33. PRODUCTION							
DATE FIRST PRODUCTION 11-5-84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping 1 1/2"				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 11-7-84		HOURS TESTED 24		CHOKE SIZE 19		PROD'N. FOR TEST PERIOD 19	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE 19		OIL—BBL. 1	
						GAS—MCF. 3	
						WATER—BBL. 3	
						GAS-OIL RATIO 35	
						OIL GRAVITY-API (CORR.) 35.4	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold						TEST WITNESSED BY J. A. Head	
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 J. B. C. L.		TITLE District Operations Manager				DATE 11-21-84	

*(See Instructions and Spaces for Additional Data on Reverse Side)

General: This form is designed for submitting a complete and correct well log, or both, pursuant to applicable Federal and/or State laws and regulations. Any log submitted, particularly with regard to local, area, or regional procedures and practices, shall be submitted to the State office. See instructions on items 22 and 24, and 33, below regarding the submission of logs. If not filed prior to the time this summary record is submitted, copies of all completion and pressure tests, and directional surveys, should be attached hereto, to the State office. 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: "Sucker 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:				38. GEOLOGIC MARKERS	
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.	NAME	MEAS. DEPTH TOP TRUE VERT. DEPTH
Red Bed	0	650		Red Bed	159
Anhydrite	650	1468		Anhydrite	1195
Salt	1468	2053		Salt	1230
Anhydrite & Dolomite	2053	3135		Yates	3020
Dolomite	3135	3450			
TOTAL DEPTH		3450			
PBTD		3240			

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O.C.D.
HOBBS OFFICE