

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See the
direction
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-060943	
b. TYPE OF COMPLETION: RE: Complete Queen NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other to Yates				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1800 Wilco Bldg. Midland, Texas 79701				8. FARM OR LEASE NAME Langlie Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980 FSL 1980 FEL At top prod. interval reported below At total depth				9. WELL NO. 1	
14. PERMIT NO.				12. COUNTY OR PARISH Lea	
DATE ISSUED				13. STATE New Mexico	
15. DATE SPUN		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
10/29/54		1/9/55		3110 Gr	
20. TOTAL DEPTH, MD & TVD 4962		21. PLUG BACK T.D., MD & TVD 3661		22. IF MULTIPLE COMPL. HOW MANY*	
24. PRODUCING INTERVAL(S) OF THIS COMPLETION-- TOP, BOTTOM, NAME (MD AND TVD)* 3180-3320				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gr-Corr log				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		CEMENTING RECORD	
9 5/8		40# 36#		200	
7		23#		350 @ shoe 100 @ 2nd stage @ 1400	
29. LINER RECORD		30. TUBING RECORD			
SIZE		TOP (MD)		SIZE	
		BOTTOM (MD)		2 1/2	
		SACKS CEMENT*		2687	
		SCREEN (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
2625-40 (5 holes)				DEPTH INTERVAL (MD)	
2611-20 (3 holes)				2625-2430	
2503-11 (3 holes)				AMOUNT AND KIND OF MATERIAL USED	
2467-74 (3 holes)				Acidized w/2000 gal 15% NEA.	
2430-45 (6 holes)				Frac w/26,000 gals, 36,500#	
				20/40 sand.	
33. PRODUCTION					
DATE FIRST PRODUCTION 7/23/77		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump) Gas Volume TSTM			WELL STATUS (Producing or shut-in)
DATE OF TEST		HOURS TESTED		CHOKE SIZE	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Well connected to gathering system-No prod.				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 Cl. Woodruff TITLE Supervisor Prod Svs DATE 12/16/77

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

RECEIVED

1978

U.S. DEPARTMENT OF COMMERCE
FEB 2 1978