

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other 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 ☐	Dual - Same Resvr	
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☒	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR		UNION TEXAS PETROLEUM CORPORATION					
3. ADDRESS OF OPERATOR		1300 Wilco Building, Midland, Texas					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 990' FWL and 990' FSL, Sec. 25, T-25-S, R-37-E					
At top prod. interval reported below		At total depth					
Same		14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	
1/3/66(W.O.)				1/13/66		3066	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
5909		5893		Two		0-5909	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN			
Tubb-Drinkard 5768 to 5875		NO		Guard, Forxo, GR-N, GR correlation			
27. WAS WELL CORED		No					
28. CASING RECORD (Report all strings set in well)							
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
13-3/8	48	848	17 1/2	700 sax			
7	20 & 23	5908	8-3/4	1170 sax			
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	5871	5660
31. PERFORMANCE RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
5768 1/2, 5779, 5787, 5808, 5814 1/2, 5821, 5840, 5847, 5855, 5869, 5875, with 11, 1/2" jets				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				5768 1/2-5875			
				200 gal 15% Acid, 20,000 gal brine			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
1/13/66		Flowed				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1/19/66	6	32/64		66.74	90.74	32.94	1360
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
100	Pkr.		267	363	131.76	39	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Vented During Test						R. S. Guenther	
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		TITLE		Agent		DATE	
R. S. Guenther						2/11/66	

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

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 agency responsible for processing separate reports for separate completions.

submitted, particularly with regard to local, State, and Federal laws, regulations, and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate compendiums. **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.), formations 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 described in accordance with Federal requirements. Consult local State geologist or Indian land should be described in accordance with Federal requirements. See item 35.**

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be recorded on Form 4; if there are no applicable State requirements, locations on other spaces on this form and in any attachments.

Item 22: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in item 24, 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. Item 23: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in item 24, 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.

for each additional interval to be separately produced, showing the actual amount of cementing and the location of the cementing tool. (See instruction for items 22 and 24 above.)

Item 33: Submit a separate completion report on this form for each interval to be separately processed.

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	TRUE VERT. DEPTH