

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 _____		5. LEASE DESIGNATION AND SERIAL NO. LC-032592 (a)	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG-BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE	
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME NONE	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		8. FARM OR LEASE NAME C.C. Fristoe "A" NCT-2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' from the East Line, and 330' of North Line of Section 3, T-25S, R-37E, Unit Letter A, Lea County, New Mexico At top prod. interval reported below Unknown At total depth Unknown		9. WELL NO. 7	
14. PERMIT NO. Regular		DATE ISSUED Jan. 16, 1964	
15. DATE SPUNDED Jan. 24, 1964		16. DATE T.D. REACHED Feb. 24, 1964	
17. DATE COMPL. (Ready to prod.) March 11, 1964		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3184' (D. F.)	
19. ELEV. CASINGHEAD 3174'		20. TOTAL DEPTH, MD & TVD 7750'	
21. PLUG, BACK T.D., MD & TVD 6668'		22. IF MULTIPLE COMPL., HOW MANY* TWO	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Drinkard - 6103' to 6135'	
25. WAS DIRECTIONAL SURVEY MADE YES		26. TYPE ELECTRIC AND OTHER LOGS RUN Density Orientation Log, Depth Control Log, Induction Elec. Log, Micro Laterolog, Acoustic Gamma Ray, Computed Porosity	
27. WAS WELL CORED NO		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) Drinkard: Blinbry: - See attached sheet.		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. SEE ATTACHED SHEET	
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TSTM	
35. LIST OF ATTACHMENTS One sheet, perforations, acidizing, and test on each zone.		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	

SIGNED H. D. Raymond TITLE Assistant District Superintendent DATE March 24, 1964

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
			Estimate Number <u>8005</u> 6-USGS 1-NMOC 1-Field 1-File

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Anhy	907'	
Top of Salt	1090'	
Btm of Salt	2340'	
Yates	2485'	
Queen	3255'	
San Andres	3762'	
Glorieta	4895'	
Blaine	5299'	
Tubb	5940'	
Drinkard	6178'	
Pre-Permian	7378'	