

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICAT.

(See other in-
structions 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 MAR 25 1964

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728 - Hobbs, New Mexico

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
UnknownAt total depth
Unknown

14. PERMIT NO.

Regular

DATE ISSUED

Jan. 16, 1964

15. DATE SPUDDED

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

ROTARY TOOLS

7750'

CABLE TOOLS

NONE

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 Porosity27. WAS WELL CORED
NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	27.06	268'	17 1/2"	350 Sx.	NONE
9 5/8"	32.00	3500'	12 1/4"	850 Sx.	NONE
2 7/8"	6.40	6698'	8 3/4"	750 Sx.	NONE
2 7/8"	6.40	6696'	8 3/4"	750 Sx.	NONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

Drinkard: Blinbry: - See attached sheet.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
SEE ATTACHED SHEET	

33.*

PRODUCTION

DATE FIRST PRODUCTION

March 10, 1964

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Swab (For both zones see attached sheet)

WELL STATUS (Producing or
shut-in)

Producing

DATE OF TEST

March 11, 1964

HOURS TESTED

24

CHOKE SIZE

Swab

PROD'N. FOR
TEST PERIOD

15

OIL—BBL.

TSTM

GAS—MCF.

14

WATER—BBL.

TSTM

GAS-OIL RATIO

33.8

FLOW. TUBING PRESS.

Swab

CASING PRESSURE

Swab

CALCULATED
24-HOUR RATE

15

GAS—MCF.

TSTM

WATER—BBL.

14

OIL GRAVITY-API (CORR.)

33.8

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TSTM

TEST WITNESSED BY

E. L. Callerman

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 8005 6-USGS 1-NMOCC 1-Field 1-File

38. GEOLOGIC MARKERS

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