

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

Form approved,
Budget Bureau No. 42-R355.5.

LEASE DESIGNATION AND SERIAL NO.

LC032510-b

LAND OWNERS, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

NAME OF LEASE NAME

Gregory Federal "A"

WELL NO.

1

FIELD AND POOL, OR WILDCAT

Justis (Blinebry)

SECTION, T. & R. ML. OR BLOCK AND SURVEY
AREA

Sec. 35, T-25-S, R-37-E

COUNTY OR
PARISH

Lea

STATE

New Mexico

OR ELEV.

ELEV. CASINGHEAD

MISCELLANEOUS
TOOLS

CABLE TOOLS

0-5800

25. WAS DIRECTIONAL
SURVEY MADE

No

27. WAS WELL CORED

No

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

Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1859 - Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface 1650' FNL & 330' FEL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE (MM)

15. DATE SPURIED 6-16-64 16. DATE TD REACHED 7-8-64 17. TIME TO REACH TD 8-1-64 18. DEPTH TO TD 3030 DF

20. TOTAL DEPTH, MD & TVD
5800

21. PLUG, BACK T.D. MD & TVD

22. IF CHUTE PIPE COMPLETION, HOW MANY*

24. PRODUCING INTERVAL(S) OF THIS COMPLETION (List BOTTOM, NAME, MD AND TVD)

5270 - 5369

26. TYPE ELECTRIC AND OTHER LOGS RUN

Acoustic - Velocity - Guard

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

CASING SIZE	WEIGHT (LB./FT.)	DEPTH SET (MD)	LOG SIZE	CASING RECORD	AMOUNT PULLED
8-5/8"	24	870'	12-1/4"	550 sacks cement circ.	None
4-1/2"	9.5	5800'	7-7/8"	566 sacks cement did not circ.	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SERIES (MD)	DEPTH SET (MD)	PACKER SET (MD)
				2-3/8"	5353	None

31. PERFORATION RECORD (Interval, size and number)

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

DEPTH INTERVAL (MD)

5270-5369 3000 gals. acid, 20,000 gal. frac w/20,000# sand

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)				WELL STATUS (Producing or shut-in)	
8-1-1964		Flowing				Producing	
DATE OF TEST	HOURS TESTED	CHOKED SIZE	PROD'N. FOR TEST PERIOD	OIL--BBL.	GAS--MCF.	WATER--BBL.	GAS-OIL RATIO
8-1-1964	24	18/64	→	69	58.9	12	854
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL--BBL.	GAS--MCF.	WATER--BBL.	OIL GRAVITY-API (CORR.)	
400	250	→	69	58.9	12	38.6°	

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

Sold

TEST WITNESSED BY

B. L. Palmer

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 Well Test Supervisor

DATE 8-6-64

*(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: "Stacks 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.)

27. 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, PUMP TOGG. OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
Dirt, Sand, Caliche, Redbed & Anhydrite	0	2400		Kustler Anhy. Yates	834 2290
	2400	3200		Glorieta	4700
	3200	3400		Blaine	5055
	3400	4500			
	4500	5800			
Lime					
Sand					
Lime					
Sandy Dolomite					

NUMBER OF COPIES RECEIVED	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSFER	
REGISTRATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

FORM O-110
2-1-54

**CERTIFICATE OF COMPLIANCE AND AUTHORITY
TO TRANSPORT OIL AND NATURAL GAS**

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator:

UNION TEXAS PETROLEUM CORPORATION

Gregory Federal A 1261 1

Unit Letter

Section

Township

Range

H

35

25-S

37-E

Lea

Pool

Justis (Blinebry)

Federal

If well produces oil or condensate
give location of tanks

Unit Letter

Section

H

35

25-S

37-E

Authorized transporter of oil ☐ or condensate ☐

Address *(if not same as above)*

Texas-New Mexico Pipe Line Company

Box 1510, Midland, Texas

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas ☒ or dry gas ☐

Date Connected

Location (if not same as above)

El Paso Natural Gas Company

Vented

El Paso, Texas

If gas is not being sold, give reasons and also explain its present disposition

Gas is being flared until EPNGC can get line laid.

REASON(S) FOR FILING *(please check one)*

New Well ☐

Change in Operator ☐

Change in Transporter *(check one)*

Other *(explain)*

Oil ☒ Dry Gas ☐

Casing head gas ☐ Condensate ☐

Effective 9-25-54

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been read and understood.

Executed this the **25** day of **September** 19**54**

OIL CONSERVATION COMMISSION

By

Approved by

Title

District Clerk

Title

Company

Union Texas Petroleum Corporation

Date

Address

Box 1079-Midland, Texas