

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-069052																									
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME																									
2. NAME OF OPERATOR HNG Oil Company				7. UNIT AGREEMENT NAME																									
3. ADDRESS OF OPERATOR P. O. Box 767, Midland, Texas 79701				8. FARM OR LEASE NAME																									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1900' FNL & 2100' FWL, Section 31, T-24-S, R-38-E At top prod. interval reported below At total depth				9. WELL NO. 7																									
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Dollarhide/Devonian																									
15. DATE SPUDDED 5-30-72 16. DATE T.D. REACHED 6-23-72 17. DATE COMPL. (Ready to prod.) 6-27-72				11. SEC. T. R., M., OR BLOCK AND SURVEY OR AREA Sec. 31, T-24-S, R-38-E, N.M.P.M.																									
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3093' GR.				12. COUNTY OR PARISH Lea																									
19. ELEV. CASINGHEAD 3093'				13. STATE New Mexico																									
20. TOTAL DEPTH, MD & TVD 8002' MD. 21. PLUG, BACK T.D., MD & TVD 7965' MD. 22. IF MULTIPLE COMPL. HOW MANY* --				23. INTERVALS DRILLED BY X																									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Devonian Top- 7810' Btm- 8002'				25. WAS DIRECTIONAL SURVEY MADE No																									
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron Acoustilog				27. WAS WELL CORED No																									
28. CASING RECORD (Report all strings set in well)																													
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)																													
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 <u>(W. L. Lorette)</u> TITLE <u>District Superintendent</u> DATE <u>July 25, 1972</u>																													

*(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		38. GEOLOGIC MARKERS	
FORMATION	TOP BOTTOM	NAME	MEAS. DEPTH TOP TRUE VERT. DEPTH
Devonian Porosity	7800' 7827'	Rustler Anhyd Yates Queen San Andres Abo Woodford Devonian	1140' 2730' 3625' 4033' 6676' 7500' 7810'

RECEIVED
AUG 1 1972
OIL CONSERVATION COMM.
ALBUQUERQUE, N.M.