Form 9-330 (F.ev. 5-63)

UNITED STATES DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

SUBMIT IN DUPL. . TE\*

(See other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

## LC 028784-93B

| 6. | IF | INDIAN. | ALLOTTEE | OR | TRIBE | NAM |
|----|----|---------|----------|----|-------|-----|

| WELL CO   | MPLETION O                               | R RECOMPLE                      | TION  | REPORT A   | AND LOG           | 6. IF INDIAN              | , ALLOTTEE OR TRIBE NAM         |  |
|---|--|---------------------------------|---|--|-------------------|---------------------------|---------------------------------|--|
| 1a. TYPE OF WE                                  | LL: OIL WELL                             | 7. UNIT AGR                     | 7. UNIT AGREEMENT NAME  |  |                   |                           |                                 |  |
| b. TYPE OF COM<br>NEW<br>WELL  2. NAME OF OPERA | WORK DEEP- OVER EN                       | GFAYbur<br>14-08-               | GF#yb@rg^De#p***Unit<br>14-08-001-1602  |  |                   |                           |                                 |  |
| General As                                      | merican Oil Co                           | mpany of Tex                    | as ,  | · ·  |                   | 9. WELL NO.               |                                 |  |
| 3. ADDRESS OF OPI                               |  |                                 | #6  |  |                   |                           |                                 |  |
| P. O. Box                                       | 416, Loco Hil                            | ls, New Mexi                    | .co 88  | 255  |                   | 10. FIELD AN              | 10. FIELD AND POOL, OR WILDCAT  |  |
|   | ELL (Report location cl<br>30' FNL and 1 |                                 | Vildeat  11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  Sec. 39, T-17-S, R-30-1 |  |                   |                           |                                 |  |
|   | ection 30 Two<br>terval reported below   |                                 |   |  |                   |                           |                                 |  |
| At total depth                                  |  | Sec. 30                         |   |  |                   |                           |                                 |  |
|   |  | 14.                             | PERMIT NO   | . D  | ATE ISSUED        | 12. COUNTY PARISH         | OR 13. STATE                    |  |
|   |  |                                 |   |  |                   | Eddy                      | N.H.                            |  |
| 15. DATE SPUDDED                                | 16. DATE T.D. REACH                      | IED   17. DATE COMPI            | L. (Ready t   | to prod.) 18.  | , ,               | RKB, RT, GR, ETC.)*       | 19. ELEV. CASINGHEAD            |  |
| 2/7/70<br>20. TOTAL DEPTH, MD                   | 3/1/70                                   |                                 | 00  |  | 3613' GL          | 3624' KB                  | 36131                           |  |
|   |  | CK T.D., MD & TVD               | HOW M   | LTIPLE COMPL.,   | 23. INTERV.       | ВУ                        |                                 |  |
| 6900 '  | RVAL(S), OF THIS COM                     | PLETION—TOP ROTTO               | M NAME (  | MD AND MUD) #  |                   | 0'-6900'                  |                                 |  |
| ,,  | wild (b), or fills com.                  | 12110N-101, B0110               | M, NAME (.  | MD AND IVD)+   |                   |                           | 25. WAS DIRECTIONAL SURVEY MADE |  |
| None  |  |                                 |   |  |                   |                           | Yes                             |  |
| 26. TYPE ELECTRIC                               | AND OTHER LOGS RUN                       |                                 |   |  |                   |                           | 27. WAS WELL CORED              |  |
| Dual Ind.                                       | Laterolog, Si                            | dewall Neutr                    | on, Di  | p Log and  | Direction         | al Survey                 | No                              |  |
| 28.   |  |                                 |   | port all strings s   |                   |                           |                                 |  |
| CASING SIZE                                     | WEIGHT, LB./FT.                          | DEPTH SET (MD)                  | · · · · · · · · · · · · · · · · · · ·   |  |                   | TING RECORD AMOUNT PULLED |                                 |  |
| 8 5/8   | 24#                                      | 1436'                           |   | 11"  | 40                | ) Sacks                   | None                            |  |
|   |  |                                 | _   |  |                   |                           |                                 |  |
|   |  | -                               |   |  |                   |                           |                                 |  |
| 29.   | LINI                                     | ER RECORD                       |   | <del></del>  | 30.               | TUBING RECO               | ORD                             |  |
| SIZE  | TOP (MD) BOT                             | TOM (MD) SACKS                  | CEMENT*   | SCREEN (MD)  | SIZE              | DEPTH SET (M)             | D) PACKER SET (MD)              |  |
|   |  |                                 |   |  |                   |                           |                                 |  |
| 31. PERFORATION RE                              | CORD (Interval, size an                  | d number)                       | ·   | <u> </u>   |                   |                           |                                 |  |
|   | , , , , , ,                              |                                 |   | 32.  | RVAL (MD)         | ACTURE, CEMENT            | SQUEEZE, ETC.                   |  |
|   |  |                                 | K E   | DREI'M INVE  | RVAL (MD)         | AMOUNT AND KIN            | 1910                            |  |
|   |  |                                 |   | 10   | 70                |                           |                                 |  |
|   |  |                                 | M   | AR 1 0 19  | / U               | 200                       | 1910 MA                         |  |
| <del> </del>                                    |  |                                 |   |  |                   | 60, 09                    | 1000                            |  |
| 33.*  |  |                                 |   | otorios. C.  |                   | MAN                       | The Management                  |  |
| PATE FIRST PRODUCT                              | PRODUCTION                               | N METHOD (Flowing,              | gas lift, p   | had by the later of the later o | d type of pump)   | well shut                 | STATES (Producing or            |  |
| PATE OF TEST                                    | HOURS TESTED                             |                                 | O'N. FOR<br>T PERIOD  | OIL—BBL.   | GAS-MCF.          | WATER BBL.                | GAS-OIL RATIO                   |  |
| LOW. TUBING PRESS.                              | CASING PRESSURE                          | CALCULATED OIL-<br>24-HOUR RATE | —BBL.   | GASMC  | CF. WA            | PER—BBL.                  | OIL GRAVITY-API (CORR.)         |  |
| 34. DISPOSITION OF G                            | AS (Sold, used for fuel,                 | vented, etc.)                   |   |  |                   | TEST WITNES:              | SED BY                          |  |
| E TIOM OF THE                                   |  |                                 |   |  |                   |                           |                                 |  |
| 5. LIST OF ATTACH                               | MENTS                                    |                                 | 7   |  |                   |                           |                                 |  |
| 6. I hereby certify                             | that the foressing                       | way y                           | 136-9   | 2  |                   |                           |                                 |  |
| a mereny certify                                | that the foregoing and                   | attached informati              | on 18 comple  | iete and correct   | as determined fi  | om all available re       | cords                           |  |
| SIGNED  | 1 1.26                                   | <u></u>                         | TITLE   | <u>(-()</u>  | P. J. 1. 2. 3 fr. | DATE                      | 21311 Killy 1999                |  |