

Form 9-330
(Rev. 5-65)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 <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input checked="" type="checkbox"/>	Other _____
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>
		DIFF. RESVR. <input type="checkbox"/>	Other _____		
2. NAME OF OPERATOR <i>Am American Petroleum Corp</i>					
3. ADDRESS OF OPERATOR <i>Box 68, Hobbs, NM</i>					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*					
At surface <i>1980' FSL X 660' FWL, Sec 34 (Unit 1, NW 1/4 SW 1/4)</i>					
At top prod. interval reported below					
At total depth					
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUNDED <i>10-9-65</i>		16. DATE T.D. REACHED <i>11-9-65</i>		17. DATE COMPL. (Ready to prod.) <i>P+A</i>	
18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* <i>3489' RDB</i>		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD <i>11527</i>		21. PLUG, BACK T.D., MD & TVD <i>SURFACE</i>		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY <i>→</i>		ROTARY TOOLS <i>O-TD</i>		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					
25. WAS DIRECTIONAL SURVEY MADE <i>No</i>					
26. TYPE ELECTRIC AND OTHER LOGS RUN <i>Induction, Acoustic-Pumma Ray, MicroSurvey, Caliper</i>					
27. WAS WELL CORED <i>No</i>					
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<i>13 3/8</i>	<i>35.6 + 48"</i>	<i>325'</i>	<i>17 1/2"</i>	<i>3005x</i>	<i>None</i>
<i>8 5/8</i>	<i>32"</i>	<i>3878'</i>	<i>11"</i>	<i>4220 Sx</i>	<i>None</i>
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number)					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND TYPE OF MATERIAL USED			
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
WATER—BBL.	GAS-OIL RATIO				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
OIL GRAVITY-API (CORR.)					
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		TITLE		DATE	
<i>W. J. Parsons</i>		<i>Area Supr</i>		<i>11-30-65</i>	

*(See Instructions and Spaces for Additional Data on Reverse Side)

W. J. Parsons
Box 171
Midland TexRECEIVED
DEC 1 1965
U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of holes, 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.
NONE	NONE	NONE	NONE

38.

GEOLOGIC MARKERS

NAME	NEAR DEPTH	TOP	TRUE VERT. DEPTH
ANHY	835		
SALT	2910		
YATES	2365		
CAPITAN	2660		
DEX SN	4040		
BONE SPR	7030		
WOLF CAMP	10544		
STRAWN	11365		