

N. M. O. C. C. CO.
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. NM 0126258	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other <u>Plugging</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR H. L. Brown, Jr. ✓		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 309 Midland Tower, Midland, Texas 79701		8. FARM OR LEASE NAME Federal "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* 660' FWL & 660' FSL, Section 31, T 19 S, R 30 E At top prod. interval reported below At total depth Same		9. WELL NO. 1	
14. PERMIT NO.		18. STATE New Mexico	
DATE ISSUED 2-24-71		12. COUNTY OR PARISH Eddy	
15. DATE SPUDDED 2-25-71	16. DATE T.D. REACHED 3-30-71	17. DATE COMPL. (Ready to prod.) PAH 3-31-71	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3325' GL
19. ELEV. CASINGHEAD 3325'	20. DEPTH, MD & TVD 1687		
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None			25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron			27. WAS WELL CORED No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE 9 5/8"	WEIGHT, LB./FT. 36#	DEPTH SET (MD) 404'	HOLE SIZE 12-1/2"
CEMENTING RECORD 150 lbs Regular plus 4 yards Ready-Mix		AMOUNT PULLED none	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
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 KIND 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
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
35. LIST OF ATTACHMENTS Log, Form 9-331, Plugging Affidavit			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED B. D. Baker		TITLE Petroleum Engineer	
DATE April 5, 1971		DATE April 5, 1971	

* (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 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:				38. GEOLOGIC MARKERS		
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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Redbeds	0	80		Top Anhydrite	395'	395'
Redbeds & Gyp	80	140		Top Salt	408'	408'
Gyp	140	290		Top Tensil	1285	1285
Red Shale	290	411		Top Yates	1418	1418
Anhydrite & shale	411	440		Top 7 Rivers	1640	1640
Salt & Anhydrite	440	640				
Heavy Potash & Salt	640	800				
Salt	800	900				
Salt & Anhydrite	900	1260				
Salt	1260	1300				
Hard Lime	1300	1320				
Lime	1320	1410				
Dolomite	1410	1455				
Shale & Dolomite	1455	1510				
Shale, Dolomite and Anhydrite	1510	1555				
Dolomite	1555	1605				
Dolomite & Sand	1605	1625				
Dolomite & Grey Sand	1625	1648				
Grey Sand	1648	1675				
Sand & Dolomite	1675	1687				