

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY N. M. O. C. C. CO.

Form approved by Budget Bureau No. 42-R555.5.

5. LEASE DESIGNATION AND SERIAL NO.

Undesignated

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM-326

7. UNIT AGREEMENT NAME

Tippin Ranch Unit

8. FARM OR LEASE NAME

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

D Wildcat

11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA

Sec. 9, T23S, R23E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 P&A

2. NAME OF OPERATOR

American Quasar Petroleum Co. of New Mexico

3. ADDRESS OF OPERATOR

606 Vaughn Bldg., Midland, Texas 79701

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

At surface

1980' FN&EL, Section 9, T23S, R23E

At top prod. interval reported below

At total depth

same

14. PERMIT NO.

DATE SUBMITTED

O. C. C. ARTESIA, OFFICE

15. DATE SPUNDED 3-20-75 16. DATE T.D. REACHED 5-11-75 17. DATE COMPI. (Ready to prod.) N/A 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4156' GR 19. ELEV. CASINGHEAD -----

20. TOTAL DEPTH, MD & TVD 10,050' 21. PLUG, BACK T.D., MD & TVD 0 22. IF MULTIPLE COMPL., HOW MANY* --- 23. INTERVALS DRILLED BY ROTARY TOOLS 0-10,050' CABLE TOOLS

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 CNL, FDC, DLL 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	48#	400'	17 1/2"	400 sx - circ.	None
8 5/8"	24#, 32#	2462'	12 1/4"	1150 sx - circ.	None

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
N/A							

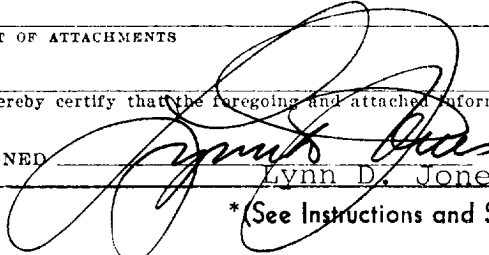
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
N/A		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		N/A	

33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
None		None				P&A	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
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FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
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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  TITLE Div. Operations Mgr. DATE 5-13-75

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