

For: 9-330 (Rev. 5-63)

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.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0210688

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ABBY FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

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

SEC. 26-T13S-R28E

12. COUNTY OR PARISH

CHAVES

13. STATE

N. M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL [] GAS WELL [] DRY [X] Other []

b. TYPE OF COMPLETION: NEW WELL [] WORK OVER [] DEEP-EN [] PLUG BACK [] DIFF. RESVR. [] Other []

2. NAME OF OPERATOR L. C. HARRIS

3. ADDRESS OF OPERATOR P. O. Box 848, ROSWELL, NEW MEXICO 88201

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

At surface 660' FSL & 660' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 10/30/71 16. DATE T.D. REACHED 11/17/71 17. DATE COMPL. (Ready to prod.) 11-18-71 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3602 G.L. 3604 D.F. 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 1190' 21. PLUG, BACK T.D., MD & TVD 330' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS 0-1190

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE

NONE

Will be comp as water well.

No

26. TYPE ELECTRIC AND OTHER LOGS RUN NONE (SAMPLE DESCRIPTION ATTACHED) 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

Table with 6 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Rows include 10", 8 5/8", and 7" casing sizes.

29. LINER RECORD and 30. TUBING RECORD tables with columns for SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD).

31. PERFORATION RECORD (Interval, size and number) NONE RECEIVED DEC 14 1971 O.C.C. ARTESIA, OFFICE

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. Table with columns for DEPTH INTERVAL (MD) and AMOUNT AND KIND OF MATERIAL USED.

33.* PRODUCTION DATE FIRST PRODUCTION NONE PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)

Table with columns for DATE OF TEST, HOURS TESTED, CHOKE SIZE, PROD'N. FOR TEST PERIOD, OIL—BBL., GAS—MCF., WATER—BBL., FLOW, TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL—BBL., GAS—MCF., WATER—BBL.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST

35. LIST OF ATTACHMENTS 2 COPIES SAMPLE DESCRIPTION

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records SIGNED [Signature] TITLE AGENT DATE 11/22/71

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

RECEIVED NOV 24 1971 U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO