

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

2. TYPE OF WELL
 OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

3. NAME OF OPERATOR
 BRUNSON & MCKNIGHT, INC.

4. ADDRESS OF OPERATOR
 Box 297, Hobbs, NM 88240

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface
 1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E
 At proposed prod. zone

6. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 35 mi SW Hobbs

7. DISTANCE FROM PROPOSED LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)
 660'

8. DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
 none

9. ELEVATIONS (Show whether DF, RT, GR, etc.)

10. LEASE DESIGNATION AND SERIAL NO.
 0379454

11. IF INDIAN, ALLOTTEE OR TRIBE NAME

12. UNIT AGREEMENT NAME

13. FARM OR LEASE NAME
 R. F. Leggett

14. WELL NO.

15. FIELD AND POOL, OR WILDCAT
 Wildcat

16. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 33-21S-33E

17. COUNTY OR PARISH
 Lea

18. STATE
 NM

19. NO. OF ACRES IN LEASE
 640

20. NO. OF ACRES ASSIGNED TO THIS WELL
 40

21. ROTARY OR CABLE TOOLS
 cable & rotary

22. APPROX. DATE WORK WILL START*
 5/31/73

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	32#	300 ft.	200 sx, circulate to surface
7 7/8"	4 1/2"	9.6#	4000 ft.	750 sx**

** The quantity of cement used to cement the 4 1/2" production casing will be adequate to circulate cement. The quantity of cement used has been calculated using an excess factor of 50%.

The attached drawing depicts the type of 900 series blowout preventer that will be used.
 Mud program attached.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] TITLE Agent DATE 5/25/73
 (This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0379454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

R. F. Leggett

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

33-21S-33E

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

BRUNSON & MCKNIGHT, INC.

3. ADDRESS OF OPERATOR

Box 297, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

12. COUNTY OR PARISH 13. STATE

Lea NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amend proposed depth from 4000' to 15,000'

Proposed casing and cementing program:

Size Hole	Size Csg.	Wt.	Setting Depth	Quantity of Cement
17 1/2"	13 3/8"	48# H-40	300' circ.	300 sx Class C 18% salt
12 1/2"	9 5/8"	40# K-55 & 40# N-80	4000' circ.	200 sx Class C 18% salt, 1100 sx Lite Wate 18% salt
8 1/2"	7 5/8"	33.7# S-95 & 29.7# N-80	11,300'	600 sx Class C 18% salt
6 1/2"	5 1/2"	20# N-80	15,000'	300 sx Class H + 8 lb. salt/sack

The attached drawing depicts the type of 1500 series blowout preventer that will be used. A 1500 series Shaffer rotating head blowout preventer will be used. Pit level indicators (totalizers) will be employed. All blowout preventer equipment will be tested by a Yellow Jacket hydraulic test to a pressure adequate to maintain all expected sub-surface pressures.

Mud program attached.

18. I hereby certify that the foregoing is true and correct

SIGNED

(This space for Federal or State office use)

TITLE Operator

DATE 12/13/73

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Drilling of the well must be in compliance with the attached "Drilling Well Control Requirement" dated June 22, 1973. See instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLY
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0379454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

BRUNSON & MCKNIGHT, INC.

3. ADDRESS OF OPERATOR

Box 297, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

R. F. Leggett

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

33-21S-33E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH

Lea

13. STATE

NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

set 9 5/8" casing

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1/25/74:

Set 9 5/8" at TD 5035'. Cemented casing in three stages. First Stage: 200 sacks Halliburton Lite plus 200 sacks Class "C" with 2% CaCl. Second Stage: Through DV tool at 3820', consisted of 200 sacks of Halliburton Lite plus 100 sacks Class "C" with 2% CaCl. Third Stage: Through DV tool at 3406', consisted of 1300 sacks of Halliburton Lite plus 100 sacks of Class "C" with 2% CaCl. WOC 8 hours. Ran temperature survey to top of DV tool at 3403'. Found top of cement at 1500' from the surface. Drilled both DV tools, float collar and casing shoe. Lost returns when shoe was drilled. Set Halliburton EZ-Drill Cement Retainer at 4800'. Pumped 350 sacks of Class "C" cement. Pulled out of retainer and reversed out 35 sacks of cement. WOC 24 hours. Drilled retainer and cement to 5035'. Drilled 5' of formation. Tested with 2000# for one hour, held ok.

18. I hereby certify that the foregoing is true and correct

SIGNED

Walter Brunson

TITLE

Operator

DATE

2/18/74

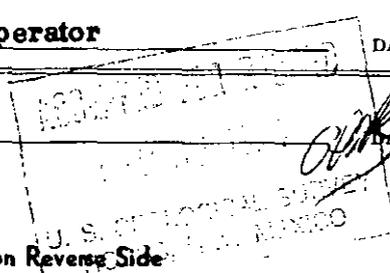
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form Approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
BRUNSON & McKNIGHT, INC.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO. **R. F. Loggett**

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

33-215-33E

12. COUNTY OR PARISH

13. STATE

Lea

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) **set 7 5/8" liner**

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

2/15/74:

Ran 7 5/8" liner as follows:

86 jts. 26.4# SFJP Hydril 3696.54'
57 jts. 29.70# FJP Hydril 2499.94'

T.D. 11,098'. First stage cement: 375 sacks Halliburton Lite with 3% Econolite and 1/3 Flocalc per sack, followed with 200 sacks of Class "H" with 3/4 of 1% CFR-2 and 1/3 Flocalc per sack, circulated one hour. Tested top of liner; would not hold. Second stage: Squeezed top of liner with 150 sacks Class "C" plus 5 lbs. NaCl per sack at 15# per gallon. Tested top of liner with 2000# psi for one hour, held ok. Drilled to shoe, tested to 2000# 30 minutes, held ok. Drilled shoe and 5' formation. Tested with 750#, held ok.

18. I hereby certify that the foregoing is true and correct

SIGNED *Walter Brunson*

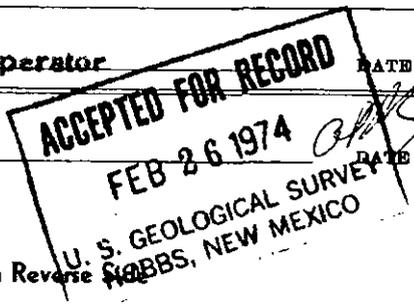
TITLE Operator

DATE 2/25/74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 637955

6. IF INDIAN RESERVE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
BRUNSON & McKNIGHT, INC.

9. WELL NO.
R. F. Leggett

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E

11. SEC., T., R., S., OR BLK. AND SURVEY OR AREA
Wildcat

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH

13. STATE

Los

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

running scab liner

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In order to repair a hole which developed in the 9 5/8" casing, the following 7 5/8" liner was run:

3-27-74:

Reamed 9 5/8" casing to 4900', ran 4945.97' N-80 7 5/8", Range 3, 438 casing. Set at 4939' with 100 sacks Halliburton Lite Water cement plus 125 sacks Halliburton Class "C" with 2% CaCl and 1/2 of 1% CFR-2. WOC 2 hours. Tested casing and seal in top of casing to 25000, held ok.

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

Operator

DATE

4/11/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
APR 15 1974
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

NM 2279484
6. WELL IDENTIFICATION NUMBER OR TRIBE NAME

1. OIL WELL GAS WELL OTHER 7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR 8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR **BRUNSON & McKNIGHT, INC.** 9. WELL NO. **A. F. Leggett**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAT

1900' FNL & 680' FEL Sec. 33, T-21-S, R-33-E

11. T. & M., OR BLK. AND SURVEY OR AREA

33-218-33E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) **3047.1 GR** 12. COUNTY OR PARISH **Log** 13. STATE **NM**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) setting liners <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

2-15-74: Set 56 jts. 29.70 FJP Hydril, 2413.68' and 89 jts. of 26.44 SFJP Hydril, 3739.90', plus double valve float, a B&W latch-in collar, a B&W rotating hanger and crossover sub, total 6153.48' set at 11,005' bottom and 4945' top with 375 sx Halliburton Lite w/2% Econolite and 1# Floccs per sack and 200 sx Class H with 3/4 of 1% CFR-3 and 1# Floccs per sack. All 7 5/8" casing.

2-27-74: Ran 4945.97' of N-80, 7 5/8", 43# casing from surface to 4939' inside of 9 5/8" casing and cemented with 100 sx. Howco Lite plus 125 sx Class C + 2% CaCl. Tested to 2500# after drilling plug.

6-3-74: Ran 180 jts. 5" 19.5#, total 3393.86' plus float shoe, plug catcher and liner hanger for a total of 5405.29' set 1' off bottom at 14,982' and top at 9577' with 725 sx. *Class H* Halad 22. Tested top of liner after drilling cement with salt water at liner top and 12.2# mud hydrostatic plus 2250#, held for 1 hour.

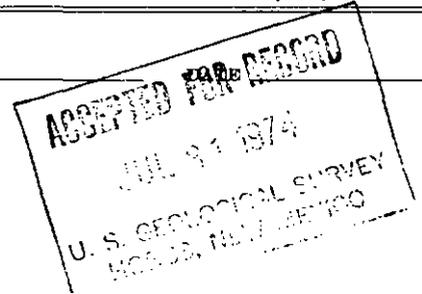
18. I hereby certify that the foregoing is true and correct

SIGNED *Malcolm P. [Signature]* TITLE **Agent** DATE **7/15/74**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



**UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLIC.
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 0279444	
2. NAME OF OPERATOR BRUNSON & McKNIGHT, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 297, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1900' FNL & 600' FEL Sec. 33, T-21-S, R-23-E		8. FARM OR LEASE NAME R. F. Loggett	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3647.1 GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-21S-23E	
		12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) set surface	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

12-22-73:
Spudded well with rotary tools 10:00 AM, set 1 3/8" casing at 330', cemented with 300 sacks.

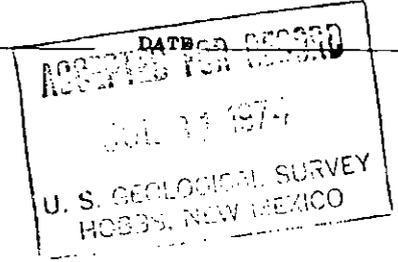
18. I hereby certify that the foregoing is true and correct

SIGNED *Jane Hodges* TITLE Agent DATE 7/26/74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B855.5.

5. LEASE DESIGNATION AND SERIAL NO.
NM 0379454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
R. F. Loggett

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
33-215-33E

12. COUNTY OR PARISH
Lea

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 _____

2. NAME OF OPERATOR
BRUNSON & McKNIGHT, INC.

3. ADDRESS OF OPERATOR
Box 297, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1980' FNL & 660' FEL Sec. 33, T-21-S, R-33-E**
At top prod. interval reported below
At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUNDED **12-23-73** 16. DATE T.D. REACHED **6-8-74** 17. DATE COMPL. (Ready to prod.) **12-2-74** 18. ELEVATIONS (DF, RKB, RT, OB, ETC.)* **3654.1 DF** 19. ELEV. CASINGHEAD **3643'**

20. TOTAL DEPTH, MD & TVD **14,983'** 21. PLUG, BACK T.D., MD & TVD **14,820'** 22. IF MULTIPLE COMPL., HOW MANY* **ROGIE** 23. INTERVALS DRILLED BY ROTARY TOOLS **0-14,984'** CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
14,542' - 14,741' Morrow

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN **GR-Cal.-Bulk Density-Comp. Neutron, Dual Laterolog, Dipmeter, Bore Hole Comp. Acoustic & GR; Microlaterolog**

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"	64#	320'	17 1/2"	300 BX	None
9 5/8"	38.75# 40#				
	43.50#	5035'	13 1/2"	1800 + 350 BX	None
7 5/8"	33#	4839'	8 1/2"	475 BX	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
1 5/8"	4946'	11,098'	375 L, 200 off	None
5"	9578'	14,983'	725x Hal 32	None

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	13,897'	

31. PERFORATION RECORD (Interval, size and number)

Perf. **14,567'-71'; 14,584'-97'; 14,621'; 14,672'-74'; 14,718'-22'; 14,764'-66'**
by GR w/3/8" 1 per ft.
Perf. **14,364'-74' & 14,350'-54'** by GR w/16 shots

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
14,567'-14,766'	2500 gal. acid - plugged at 14,520'
14,364'-14,354'	1000 gal. acid

33. PRODUCTION

DATE FIRST PRODUCTION **1-21-75** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flow** WELL STATUS (Producing or shut-in) **Producing**

DATE OF TEST **1-21-75** HOURS TESTED **24** CHOKE SIZE **18/64"** PROD'N. FOR TEST PERIOD **→** OIL—BBL. **-0-** GAS—MCF. **2900** WATER—BBL. **50** GAS-OIL RATIO **-0-**

FLOW. TUBING PRESS. **1075** CASING PRESSURE **0-pkr** CALCULATED 24-HOUR RATE **→** OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Sold** TEST WITNESSED BY **J. Janica**

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 **2/6/75**

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