

Form 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.

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 <input type="checkbox"/>				5. LEASE DESIGNATION AND SERIAL NO. NM-10597	
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 <input type="checkbox"/>				6. IF INDIAN, ALLOTTEE OR TRIBE NAME DEC 4 - 1979	
2. NAME OF OPERATOR McClellan Oil Corporation				7. UNIT AGREEMENT NAME O.C.C.	
3. ADDRESS OF OPERATOR P. O. Drawer 730, Roswell, New Mexico 88201				8. FARM OR LEASE NAME "JM" Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below 660 FSL & 660 FWL At total depth				9. WELL NO. 1	
14. PERMIT NO.				DATE ISSUED DEC 3 1979	
15. DATE SPUDDED 10/22/79				16. DATE T.D. REACHED 11/18/79	
17. DATE COMPL. (Ready to prod.) N. A.				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3618.7' G. L.	
20. TOTAL DEPTH, MD & TVD 1578		21. PLUG BACK T.D., MD & TVD N. A.		22. IF MULTIPLE COMPL., HOW MANY* N. A.	
23. INTERVALS DRILLED BY →				ROTARY TOOLS CABLE TOOLS O-T. D.	
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	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	201b.	200'	10"	75sx. Circ.	NONE
7"	171b.	1050	8"	Set	1050
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
N. A.					
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
N. A.					
31. PERFORATION RECORD (Interval, size and number)					
None					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
33.* PRODUCTION					
DATE FIRST PRODUCTION N. A.		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.
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 WITNESSED BY
35. LIST OF ATTACHMENTS 2 copies gamma-ray neutron, 2 copies sample logs					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <u>James L. McClellan</u>			TITLE <u>Operator</u>		DATE <u>11/30/79</u>

*(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 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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
L. Yates Queen	90	100	Red sand-water (brackish) Dolomite-water (salt) Red sand (10 bailers salt water/hour)	T. Salt	256	
	880	900		B. Salt	395	
	1300	1314		7-Rivers Queen Penrose	558 1100 1299 1552	

38.

GEOLOGIC MARKERS