Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Copy to A. H.

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 RECEIVED

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

REENTRY

MAR 2 0 1968

O. C. D.
ARTESIA, OFFICE

2. NAME OF OPERATOR: J. M. WELCH

3. ADDRESS OF OPERATOR: BOX 496

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 660' FROM N. LINE & 660' FROM E. LINE
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO.: NM 048577

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: -

7. UNIT AGREEMENT NAME: -

8. FARM OR LEASE NAME: LILO

9. WELL NO.: No. I

10. FIELD AND POOL, OR WILDCAT: Undes. HENSHAW

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 24-16S-30E

12. COUNTY OR PARISH: EDDY

13. STATE: NEW MEXICO

14. PERMIT NO. | DATE ISSUED

15. DATE SPUDDED: 1/24/68-REENTRY | 16. DATE T.D. REACHED | 17. DATE COMPL. (*Ready to prod.*) | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*: 3845 | 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD: 3840 | 21. PLUG, BACK T.D., MD & TVD: - | 22. IF MULTIPLE COMPL., HOW MANY* | 23. INTERVALS DRILLED BY: → | ROTARY TOOLS | CABLE TOOLS: REENTRY

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: NONE

25. WAS DIRECTIONAL SURVEY MADE: -

26. TYPE ELECTRIC AND OTHER LOGS RUN: SCHLUMBERGER - GAMMA RAY

27. WAS WELL CORED

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
5½"	14#	3840		125	2200

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
	NONE			

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
	NONE	

31. PERFORATION RECORD (*Interval, size and number*)
2716-3706 - 8 SHOTS
3690-3682 - 6 SHOTS
3225-3214 - 10 SHOTS
2686-2666 - 10 SHOTS

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3682-3716	SQUEEZED 50 SACKS

33.* PRODUCTION

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

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

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

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ARTESIA, NEW MEXICO

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 OWNER DATE 2/14/68

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

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 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, th 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 electr tion and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. 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. Con 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 atta
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 sho 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, adequ 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
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				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH
			REENTRY - SLUMBERGER GAMMA RAY ATTACHED		

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