

COPY TO:

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NM 020711

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "U"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

9 17S 24E

12. COUNTY OR PARISH  
Eddy13. STATE  
New Mexico

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

Socony Mobil Oil Company, Inc. ✓

MAR 31 1965

3. ADDRESS OF OPERATOR

Box 1800, Hobbs, New Mexico

O. C. C.  
ARTESIA, OFFICE

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

At surface

1980' FW&amp;SL of Sec.

At top prod. interval reported below

Unit "K" NE/4 SW/4

At total depth

14. PERMIT NO.

DATE ISSUED

2-13-65

15. DATE SPUDDED

2-14-65

16. DATE T.D. REACHED

3-19-65

17. DATE COMPL. (Ready to prod.)

Dry

18. ELEVATIONS (DF, REB, RT, GR, ETC.)\*

3773 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD

8200'

21. PLUG, BACK T.D., MD &amp; TVD

22. IF MULTIPLE COMPL., HOW MANY\*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

Rotary

24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR Sonic Caliper - Vel survey

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
13 3/8"	48#	360	17 1/2"	300 sx incor neat	None
9 5/8"	36#	1950	12 1/4"	800 sx incor neat	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

DATE FIRST PRODUCTION

Dry hole

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

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

Group Supervisor

DATE

3-24-65

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