

95F

Form 9-330
(Rev. 5-63)

RECEIVED BY

Drawer 55

Artesia, NM 882 UNITED STATES

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☒	GAS WELL ☐	DRY ☐	RECEIVED BY	
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐
2. NAME OF OPERATOR		Marbob Energy Corporation				
3. ADDRESS OF OPERATOR		P.O. Drawer 217, Artesia, N.M. 88210				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 330 FSL 2310 FEL				
At top prod. interval reported below		Same				
At total depth		Same				
14. PERMIT NO.		DATE ISSUED				
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*
12/19/84		12/30/84		1/4/85		3604.2' GR
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY
4630'		3600'				0-4630'
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE
2427-2494' Grayburg; 2612-3331' San Andres						Yes
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED
Dual spaced neutrons						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"	24#	339'	12 1/4"	250 sax		None
5 1/2"	15.50#	4614'	7 7/8"	1650 sax		None
29. LINER RECORD						
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD	
					SIZE	DEPTH SET (MD)
					2 7/8"	3351'
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
2427-3331' attached				DEPTH INTERVAL (MD)		
				2427-2651'		
				2766-3331'		
				AMOUNT AND KIND OF MATERIAL USED		
				1000 gal acid		
				4000 gal acid, 3454 bbl gel wtr,		
				100,000# 20/40; 105,000# 12/20;		
				47,500# 8/16 sand		
33. PRODUCTION						
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)
1/5/85		Pumping - 2"				Prod.
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.
1/6/85	24			21	99	75
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
			21	99	75	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY
Sold						Arthur D. Harris
35. LIST OF ATTACHMENTS						
Deviation survey, perforations, logs						
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records						
SIGNED		TITLE			DATE	
[Signature]		Production Clerk			1/24/85	

*(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.	38. GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
	0	330	Shale, red rock		
	330	485	Red bed, salt, anhy	San Andries	2544'
	485	875	Salt, anhy		
	875	1122	Anhy, lime		
	1122	1197	Anhy		
	1197	2227	Shale, lime, anhy		
	2227	3490	Lime, anhy		
	3490	3789	Lime		
	3789	3940	Lime, anhy		
	3940	4630	Lime		
	4630		Lime		
	3600		PBTD		