Form \$-330 (Rev. 5-63)		LIN	ר_ידו	STAT	INe ja 'ES	O (SUB	ânt G	N DUPLICA	TE 📩		Form an	pproved. Bureau No. 42-R355.5.
)	DEPAR					FRIC	R		ons	· 1		ION AND SEBIAL NO.
	DEFAN							reverse	e side)	LC 06		
									• *			TTEE OR TRIBE NAME
WELL CON	MPLETION	N OR	RECON	APLETI	<u>ON R</u>	EPORI		ND LOG] *	-		
1. TYPE OF WELL	L: 01 W	L ELL X	GAS WELL	DB	. <u>т</u> 🗌 (Other				7. UNIT AGR	EEMENI	NAME
L TYPE OF COM		EEP- []	PLUG [-) DIFF	. —	~		EIV	FI	S. FARM OB	LEASE	NAME
NEW WELL	OVER E		BACK	LESV	ra. []	Other R	<u>t.</u> L	<u> </u>		Empire		
2. MAME OF OPERAT		¹ om na n	17 100				055	<u> 91 19</u>	75	9. WELL NO		
Atlantic Ri 3. ADDRESS OF OPER	ATOR	Joinpan	<u>y</u>			<u> </u>	-SEI	24 13	13	-	191	
P. O. Box 1	710, Hob	os, Ne	w Mexi	co 882	40					_		L, OR WILDCAT
4. LOCATION OF WEL	L (Report loca 2500' FEL	tion clear	iy and in c	iccoraance	with any) State reg er G)	uireme ADTi	ESIA, OFF	ICE		re A	DO OH BLOCK AND SUBVEY
•	,		O FNL	Unit						OR AREA		
At top prod. int	erval reported	below								1-185	5 -27 E	
At total depth										12. COUNTY		13. STATE
as above	e			14. PE	RMIT NO.		DAT	E ISSUED		PARISH	UR	N.M.
15. DATE SPUDDED	16. DATE T.D.	REACHED	17. DAT	E COMPL.	Ready to	prod.)	18 ET	EVATIONS (D	F. RKB.	Eddy RT, GB, ETC.)*	19.	ELEV. CASINGHEAD
8/5/75	8/30					•	10. 11	3635.7'				
29. TOTAL DEPTH, MD			T.D., MD #	TVD 22	HOW M	TIPLE COM	PL.,	23. INTE	RVALS LED BY	ROTARY TO	OLS	CABLE TOOLS
6259'			222 '	-								5. WAS DIRECTIONAL
24. PRODUCING INTER	RVAL(S), OF TH	IS COMPL	ETION-TOP	, BOTTOM,	NAME (M	ID AND TV	D).	RECT SEF	-11	ED	. 2	SURVEY MADE
6055-6070'	\$ 6075-6	090' /	, · . Aho			- 1	,	DEC		- 		No
26. TYPE ELECTRIC					•			p-	03	1915	27. 🛪	VAS WELL CORED
Dual Later			ay Neut	ron				SEP	5.60	CAL SURVEY CAL SURVEY EMECORD 10 yds Ro		No
28.				ING RECO			ings se	t in well)	aroci	CALMEXICO		
CASING SIZE	WEIGHT, L	B./ F T.	DEPTH SE		<u>но</u> 11''	LE SIZE		S. C.		10 yds R	adi -	AMOUNT PULLED
8-5/8" OD			1001			/8"		1095 sx	Tus	ro yus n		
5-1/2" OD	14#		6259	<u>, </u>	1-1	<u>/ 0</u>		109 <u>5 5x</u>				
	-											
29.		LINE	R RECORD	•						TUBING REC		
SIZE	TOP (MD)	BOTT	OM (MD)	SACKS C	EMENT*	SCREEN	(MD)	SIZE				PACKER SET (MD)
	<u> </u>	_		-				23/8	<u>an di</u>	5984'		5954'
31. PERFORATION RE	COBD (Interval,	size and	number)	1		32.		ACID, SHOT	, FRA	CTURE, CEME	NT SQU	JEEZE, ETC.
6055-6070	& 6075-60	90'w	/2 JSP	F		DEPTH	INTER	VAL (MD)	4	MOUNT AND K	IND OF	MATERIAL USED
(6048"			,			6055	5-60	90'	6000) gals 15	% LS	INE acid
								_		`		<u> </u>
												<u>·</u>
33.*					PRO	DUCTION		•				
DATE FIRST PRODUCT	TION PF	ODUCTION	METHOD (Flowing, g	jas lift, p	umping—	eize an	d type of put	np)		L STATI	US (Producing or
9/7/75	HOURS TEST		ing HORE SIZE	PROD	N. FOR	OILB		GAS-M	C.F.	WATER-B		UCING
		· .	36/64"	TEST	PERIOD	39		240		0		604
9/13/75 FLOW. TUBING PRESS.	CASING PRES	SURE C	ALCULATED	OIL	-B6L.		АSМС		WATE	E-BBL.	OIL	GRAVITY-API (CORR.)
90#	Pkr	1			397		24	0		0	<u> </u>	42 ⁰
34. DISPOSITION OF		for fuel,	vented, etc.)					-	TEST WITN		ng Date
35. LIST OF ATTACE	Sold								<u></u>	J. N.	APDI	ng prodet
Logs as li		Item 2	6 abov	e & In	clina	tion R	epor	t.		•		11,0,3
36. I hereby certify	y that the fore	going and	attached	informatio	n is com	plete and	correct	as determin	ed fro	m all available	record	s
$\langle \dots \rangle$	(St)	mon	2/2-	<u> </u>	T 111 T	Diet D	mla	Supv.		D •	mm 9/	16/75
SIGNED		<i>į</i>		T.			u TR			DA	1E	
£	⊂ * [See Inst	ructions of	and Space	es for A	Addition	al Do	ata on Rev	erse S	ide)		

	NEATE BANKE .				
37. SUMMARY OF POROUS ZONES : SHOW ALL IMPORTANT ZONES O DEPTH INTERVAL TESTED, CUSH	AL TESTED, CUBHION	NOSITY AND CONTEN USED, TIME TOOL (MARY OF POROUS ZONES : SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALE; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES	38. GEOLO	GEOLOGIC MARKERS
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		
Abo DST #1	5713'	5738'	No wtr cushion, opened tool @ 6:20 AM w/	NAMB	MEAS, DEPTH
t	(blow, GTS in 1 min. Gas stal MCFPD, 570 PSIG, ¹ / ₃ " surf ck, . Closed tool @ 7:10 AM.	Abo Reef	5612
DST #2	5788 '	5813 '	No wtr cushion. TO @ 12:28 PM w/strong blow, GTS in 1 min. Gas flwd @ rate of 1,225,000 ft ³ on {" ck, TP 870# PSIG. Btm ck 5/8". Closed tool @ 12:58 PM.		
DST #3	57 88 80	5913 '	No wtr cushion, TO @ 5:11 AM, fluid @ 5:44 AM. Flwd on 3/4" ck, TP 30-100#. Opened to separator for 2 hrs, rec 27.2 BO for AR 326 BOPD & 261 MCFGPD, IHP 2891, IFP 583, FFP 144, FHP 2891, Temp 105°. Sample chamber 500#, 4.0 CFG, 500 cc oil, 42° ghavity @ 60° F.		

NSTRUCTIONS

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.

Hem 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. **Hems 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 mane(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, interval set of the separate report (page) on this form and the separate report (page) in the separate report (page) on the separate report (page) on the separate report (page) on the separate production from more than one interval set of the separate report (page) on the separate production from the interval set of the separate report (page) on the separate production from the interval set of the separate report (page) on the separate production from the interval set of the separate report (page) on the separate production from the separate report (page) on this form, adequately identified, interval for the separate production from the separate producting the separate product

for each additional interval to be separately produced, showing the additional data pertiment to such interval.

* GPO 782-929