NEW WELL

15. DATE SPUDDED 6-18-65

SIZE

UNITED STATES COPY SUBMIT IN DUPLICATE Form approved. Budget Bureau No. 42-R355,5. (See other in-DEPARTMENT OF THE INTERIOF structions on 5. LEASE DESIGNATION AND SERIAL NO. reverse side) GEOLOGICAL SURVEY MM 0107697 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: 7. UNIT AGREEMENT NAME WELL Y DRY RECEIVED b. TYPE OF COMPLETION: WORK OVER DEEP. PLEG DACK DIFF. RESVR. S PARY OR LEASE NAME Other 2. NAME OF OPERATOR ALIG 1 0 Jones Federal 9. WELL NO. Tennedo Cil Company 3. ADDRESS OF OPERATOR 10. FIELD AND POOL, OR WILDCAT ARTEBLE, CILL Box 1031, Midland, Texas 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* Luck Strawn 560' FR & 650' FEl Section 26 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA At top prod. interval reported below Sec. 26. T-19-S, R-31-E At total depth 13. STATE 12. COUNTY OR PARISH 14. PERMIT NO. DATE ISSUED New Mexico 16. DATE T.D. REACHED | 17. DATE COMPL. (Ready to prod.) 19. ELEV. CASINGHEAD 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 8-4-65 3513 DF 3597 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., 23. INTERVALS ROTARY TOOLS CABLE TOOLS 20. TOTAL DEPTH, MD & TVD HOW MANY DRILLED BY 11.570 11519 25. WAS DIRECTIONAL 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* SURVEY MADE 11426 - 11456 Strawn Reef no 27. WAS WELL CORED 26. TYPE ELECTRIC AND OTHER LOGS RUN no Acoustilog - Gamma Ray CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENT	ING RECORD	AMOUNT PULLED
23 3 /8"	48.9	701	17 1/2	650 sx		none
9 5/8"	32 }	3991	11	500 sx	RECEN	/_none
1/2"	11.64	11568	7.7/8	555 sx	Trans.	Labrie
						005
29	LINE	R RECORD		30.	TUBING RECORD	

SACKS CEMENT

SCREEN (MD)

SIZE

DEPOH CHE (MD) THE PECTE EN (MD)

ARTESIA, NEW MEYINA3349

8-5-65

PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT,	FRACTURE, CEMENT SQUEEZE, ETC.
	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USE
1440-50 4SPF	11440-50	1000 gals acid
		

PRODUCTION 33.* DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) WELL STATUS (Producing or shut-in) Prod 3-2-65 lowing cing GAS-OIL RATIO DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N FOR OIL-BBL. GAS-MCF. WATER-BRI. TEST PERIOD 1/1 524 909 1735 0_2_55 24 CALCULATED 24-HOUR RATE OIL GRAVITY-API (CORR.) CASING PRESSURE OIL-BB!.. GAS-MCF. WATER-BBL. 46 524 907 0 Packer 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY as is vented until connection is made. 35. LIST OF ATTACHMENTS

listed in section 25.

TOP (MD)

BOTTOM (MD)

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED LLa Production Foreman DATE _

INSTRUCTIONS

or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions cost and leaves of this form and the number of equivalent to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or all the law, or may be obtained from, the local tederal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate costs of the time this summary exercities of all currently available logs (drillers, post 25 to completant leave analysis, all to a collections. All attachments the analysis, and directional surveys, should be attached hereto, to the extent required by applicable Rebend and/or State laws and regulations. All attachments

ld be listed on this form, see item 35.

Heb 4: If there are no applicable State requirements, locations on item and should be described in accordance with Federal requirements. Consult local State

or Poderal office for specific instructions.

18.1 Indicate which elevation is used as reference (where not of the shown) for depth measurements given in other spaces on this form and in any attachments. Pleas 22 and 24: It this well is completed for separate production from the interval zone (multiple completion), so state in item 22, and in item 21 show the producing library 22 and 24: It this well is completed for separate producing 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.

18.1 29: "Sacks Concent": Attached supplemental records for this well should show the details of any multiple stage comenting and the location of the comenting tool.

18.2 31: 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 PORUSTION ALL INFORMAL DEPTH INFORMAL PORMATION	TOP	MOLIOA TOOL GALLA ALISO	37. SUMMARY OF FOROUS ZONES: SHOW ALL INFORGANT ZUNES OF FORMALIA AND CONTENT. LIBEROF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INFORMAL TESTED, CUSHIDS USED, TIME FOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES FORMATION TOP ROTION DESCRIPTION, CONTENTS, ETC.	38. GEOLOG	GEOLOGIC MARKERS	
	מבליו ב	111500	There fyla fore Im the more more one.	m/Andudita	760	
			The 3 br cut w/acid	nga 1	1040 7080 1040	
) open (1 minutes 562)//	T/1st BS Sd T/2nd ES Sd	8362 9076	
.,			1555 1765 1765 1765 1765 1765 1765 1765	T/3rd BS sd T/Wolfeamp LM	10522 0630	
			FSTP: 3590	//Cisco Shale	10630	
			Fig.p= 96):1	™/Recf ™/Porosiby	11407	
			Rev. out 11,000' of Jos and 8 BO & 60' of mud. Bill 1740F	7/Porosity 8/Reef	11/486 11/466	