

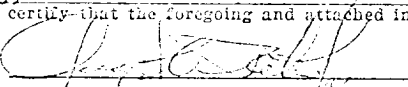
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

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 _____		5. LEASE DESIGNATION AND SERIAL NO. LC 064243-A	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Marathon Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 220, Hobbs, New Mexico		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1440' FSL and 1440' FEL At top prod. interval reported below At total depth		Indian Hills Unit Gas "Com"	
14. PERMIT NO. Current		DATE ISSUED	
15. DATE SPUNNED 1-17-67		16. DATE T.D. REACHED 2-17-67	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* DF 4219	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 8070'	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS all	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Microlog; Borehole Compensated Sonic Log - Gamma Ray; Dual Induction - Laterolog		27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
13-3/8"	48	616.37'	17-1/2"
9-5/8"	35	2373.00'	12-1/4"
CEMENTING RECORD			
750 SXS			
1500 SXS			
AMOUNT PULLED			
none			
none			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
SCREEN (MD)			
30. TUBING RECORD			
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	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.
GAS—MCF.		WATER—BBL.	
GAS—OIL RATIO		OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
35. LIST OF ATTACHMENTS			
Microlog; Borehole Comp. Sonic Log - Gamma Ray; Dual Induction - Laterolog (2 each)			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED 		TITLE Area Supt.	
DATE 3-29-67			

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

General: This form is designed for submitting a complete and correct well completion report and log on all types of land and leases to either a Federal agency or a State agency, and to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning this use of this form and the handling of copies to Federal and/or State agencies, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be found below, the local Federal and/or State office. See instructions on Items 22 and 24, and 43, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available local (State, Federal, county, city, town, village, school, etc.), foreign, and interstate records, including but not limited to, maps, atlases, gazetteers, and other publications, should be attached hereto, to the extent required by applicable Federal and/or State law and regulation. All other material should be indexed on this form, see Item 22.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult Federal State or Federal office for specific instructions.

Item 16: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other reports on this form, and in your other data sets. 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 required in Item 23. 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 22: "Scales (continued)": Attached supplemental records for this well should show the details of any multiple stage cementing, and the location of the cementing tool.

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING SUMMARY OF CORRECT LOGGING.

DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERY

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. F. D.	TOP
	0	45	Caliche		ELECTRIC LOG TO 13:	
	45	6328	Lime			
	6328	6495	Lime & Shale			
	6495	6574	Lime			
	6574	6704	Lime & Shale	San Andres	1247 (72973)	
	6704	6786	Lime			
	6786	6957	Lime & Shale	Glorieta	2862 (71353)	
	6957	6985	Shale			
	6985	7381	Lime & Shale	Pecos Sandstones	5045 (- 925)	
	7381	7487	Shale	Wolfe	7030 (-2840)	
	7487	7558	Lime & Shale			
	7558	7590	Lime			
	7590	7801	Lime & Shale	Upper Perm	7942 (-3742)	
	7801	7980	Lime			
	7980	8047	Lime & Shale			
	8047	8370	Lime			