

Form 9-330
(Rev. 5-63)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions 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 _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Southland Royalty Company ✓

3. ADDRESS OF OPERATOR

1405 Wilco Bldg., Midland, Texas 79701

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

At surface 2280' FWL & 1830' FSL, Sec. 3

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

10-7-70

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

15. DATE SPUDDED

10-7-70

16. DATE T.D. REACHED

11-18-70

17. DATE COMPL. (Ready to prod.)

PTA 11-19-70

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3294'

19. ELEV. CASINGHEAD

3295'

20. TOTAL DEPTH, MD & TVD

10,530'

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

-

22. IF MULTIPLE COMPL., HOW MANY*

-

23. INTERVALS DRILLED BY

0-10,530'

ROTARY TOOLS

CABLE TOOLS

-

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

None

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Schlumberger Dual Induction/Laterolog & BHC Sonic/Gamma Ray

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
16"	64#	290	20"	400 sx	None
9 5/8"	36#	2791	13 3/4"	1775 sx	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					None		

31. PERFORATION RECORD (Interval, size and number)

None

RECEIVED

NOV 27 1970

U. S. GEOLOGICAL SURVEY

ARTESIA, NEW MEXICO

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

DEPTH INTERVAL (MD)

None

33. AMOUNT AND KIND OF MATERIAL USED

RECEIVED

NOV 30 1970

33. ARTESIA, NEW MEXICO

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Dry hole

WELL STATUS (Producing or shut-in)

Dry hole

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

Dual Induction/Laterolog & BHC Sonic/Gamma Ray

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

SIGNED

C. H. Can

TITLE

District Engineer

DATE

11-23-70

*(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	TRUE VERT. DEPTH
SEE ATTACHED SHEET				Bonespring	3980'	Same
				Wolfcamp	7980'	Same
				Cisco	8288'	Same
				Canyon	8785'	Same
				Strawn	9090'	Same
				Atoka	9380'	Same
				Morrow	9760'	Same
				Barnett Sh.	10,450'	Same