

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

Copy 431

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	OTHER <input type="checkbox"/>		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>
2. NAME OF OPERATOR		Jake L. Hamon					
3. ADDRESS OF OPERATOR		611 The Petroleum Building, Midland, Texas 79701					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 1980' FNL & 1980' FEL of Section 9, T-21-S, R-27-E Eddy County, New Mexico At top prod. interval reported below At total depth					
14. PERMIT NO.		DATE ISSUED		APR 9 1975			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)			
12-22-74		2-13-75		3-20-75			
18. ELEVATIONS (DP, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD			
3220' KB		3198'		11,700' MD			
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY			
11,460' MD		11,460' MD		0'-11,700'			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN			
Upper Morrow Top 11,174', Bottom 11,470'		No		Dual Ind. Laterolog, Comp, Neut. Fmn. Den., GR-Caliper, & Rxo			
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)		29. LINER RECORD			
No		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		33. PRODUCTION RECORD		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		37. TEST WITNESSED BY			
Electric Logs, Form C-122, Formation record		SIGNED <i>[Signature]</i>		West Engineering Company			
TITLE Production Foreman		DATE 5-31-75		* (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 33.

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: "Seals 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; COND. 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	MEAS. DEPTH	TRUE VERT. DEPTH
Wolfcamp LS	8,389'		DST #1 9,385'-9,432'. No Cushion. GTS 48 Min. Tool open for 3 hrs w/500 psi on 1/2" choke. Reversed out 6,100' of Cond. & drlg fluid. IMW 4820#, 1 hr ISIP 4808#, IFP 2,556#, FFP 1488#, 2 hr 4490#, FMW 4,820#.	Delaware Sand Bone Spring LS Wolfcamp Graham Penn. LS Atoka Morrow Lower Morrow Barnett	2,775' 5,076' 8,762' 10,224' 10,371' 10,437' 11,174' 11,470' 11,625'	
Upper Morrow	11,174'	11,470'	DST #2, 11,270' - 11,411'. No Cushion. GTS 5 Min. Tool open for 15 min. w/1000# on 1/2" choke. Reversed out gas cut mud. IMW 6063#. 1 hr ISIP 3940#, IFP 3132#, FFP 3189#, 2 hr ISIP 3940#, FMW 6,090#.			