

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE

(See instructions on reverse side)

Copy to ST
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 _____										RECEIVED SEP 20 1978		5. LEASE DESIGNATION AND SERIAL NO. N.M. 15869																																																	
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 Holly Energy Inc.										7. UNIT AGREEMENT NAME _____																																																			
3. ADDRESS OF OPERATOR Box 726 Artesia, N. Mex. 88210										8. FARM OR LEASE NAME Avalon Federal																																																			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1303' FEL and 1265' FNL Sec. 32 T-20S R-27E At top prod. interval reported below At total depth _____										9. WELL NO. 1																																																			
14. PERMIT NO. _____ DATE ISSUED _____										10. FIELD AND POOL, OR WILDCAT Avalon - North																																																			
15. DATE SPUDDED 5-8-78 16. DATE T.D. REACHED 6-24-78 17. DATE COMPL. (Ready to prod.) 7-30-78										11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 32 T-20S R-27E																																																			
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3201.0 GL.										12. COUNTY OR PARISH EDDY 13. STATE N.M.																																																			
20. TOTAL DEPTH, MD & TVD 10,920 21. PLUG, BACK T.D., MD & TVD 10,476										19. ELEV. CASINGHEAD 3200.0																																																			
22. IF MULTIPLE COMPLEMENTS, HOW MANY* _____ 23. INTERVALS DRILLED BY										24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Strawn - 9490 - 9516																																																			
25. WAS DIRECTIONAL SURVEY MADE yes										26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Laterlog - Compensated Neutron Densilog																																																			
27. WAS WELL CORRED no										28. CASING RECORD (Report all strings set in well)																																																			
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36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																																																													
SIGNED <u>Robert Loyd</u>				TITLE <u>Field Supervisor</u>		DATE <u>8-24-78</u>																																																							

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