Form 9-330
(Rev. 5-63)

N. M. O. C. C. COPY Copy to G. F.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

COPY TO STATE WATER ENGINEER

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

RECEIVED
FEB 16 1965
O. C. C.
ARTESIA, OFFICE

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: Humble Oil & Refining Company

3. ADDRESS OF OPERATOR: P. O. Box 2100, Hobbs, New Mexico 88240

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1618 FEL, 2042 FNL of Sec. 14, T-24-S, R-22-E, SW/4 of NE/4 of Sec. 14, Eddy County, New Mexico
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO.: NM-0937-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME: ---
7. UNIT AGREEMENT NAME: Huapache Unit
8. FARM OR LEASE NAME: ---
9. WELL NO.: 5
10. FIELD AND POOL, OR WILDCAT: Wildcat
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 14, T-24-S, R-22-E

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
---	---	Eddy	New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
12-27-64	1-11-65	Dry Hole	5352 D. F.	9.30

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
4842 T. D.	Surface	---	→	3506-4842	---

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

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Electric, Sonic, Gamma Ray, Induction

27. WAS WELL CORED: Yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8	48	38	17-1/2	19 sxs.	---
8-5/8	24	1393	11	300 sxs.	---

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
None	---

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
---	Dry H ole	---

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
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FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
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34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): ---

TEST WITNESSED BY: ---

35. LIST OF ATTACHMENTS: One supplemental sheet.

FEB 19 1965
U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

COPY ORIGINAL SIGNED: E. S. DAVIS

SIGNED _____ TITLE Dist. Adm. Supvr. DATE 2-8-65

*(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.
	* 3506	3669	Lime and Anhydrite
	3669	3888	Lime and Shale
	3888	4348	Lime
	4348	4669	Lime and Dolomite
	4669	4730	Dolomite and Anhydrite
	4730	4842	Dolomite, Lime and Chert
		T.D.	

*Point at which deepen started.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Yeso	1624	
Tubb	3005	
Abo	3490	
Penn-Cisco	4688	

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636

SUPPLEMENTAL WELL INFORMATION

NAME OF WELL AND NUMBER Huapache Unit Well No. 5

POOL COMPLETED IN Dry Hole

PERFORATED INTERVAL ---

STIMULATIONS: None

POTENTIAL TEST

DATE	CHOKE SIZE	HOURS TESTED	BBLS/DAY		% OF BS&W	GAS MCF /DAY	GOR	TBG PR OR S P M	CSG PR OR L. STROKE	CORRECTED GRAVITY
			FLUID	OIL						
None										

DRILL STEM TESTS

NO.	RESERVOIR	INTERVAL TESTED		PRESSURES			RECOVERY - FEET	RUN BY
		FROM	TO	I. SI.	F. FLOW.	F. SI.		
	None							

CORES: Core #1 from 4730 to 4749

LOGS: Gamma Ray - Sonic - Schlumberger - from 4842 to 3500
Induction - Electric - Schlumberger - from 4842 to 3500

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UNSUCCESSFUL COMPLETION ATTEMPTS: FROM None TO None
(SEE DAILY DRILLERS REPORTS FOR SQUEEZES OR BRIDGES.)