Form 9-330
(Rev. 5-63)

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*

5. LEASE DESIGNATION AND SERIAL NO.: NM 0417385-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: —

7. UNIT AGREEMENT NAME: —

8. FARM OR LEASE NAME: FEDERAL "B"

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: WC

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 25-22S-31E

12. COUNTY OR PARISH: EDDY

13. STATE: N.M.

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 P&A

2. NAME OF OPERATOR: R. J. Zonne (P&A by Cherry Pet. Corp.)

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1980 / N&E SEC.
At top prod. interval reported below
At total depth

14. PERMIT NO. — DATE ISSUED —

15. DATE SPUDDED: 8-30-73 | 16. DATE T.D. REACHED: 8-74 | 17. DATE COMPL. (*Ready to prod.*): P&A 12-74 | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*: 3537 GL | 19. ELEV. CASINGHEAD: —

20. TOTAL DEPTH, MD & TVD: 661 | 21. PLUG, BACK T.D., MD & TVD: — | 22. IF MULTIPLE COMPL., HOW MANY*: — | 23. INTERVALS DRILLED BY: → | ROTARY TOOLS | CABLE TOOLS: 0 - [illegible]

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

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: None

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
		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*)

(No Geological tops available)

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*)	WELL STATUS (*Producing or shut-in*)
		P&A

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

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

SIGNED This Completion Report from USGS records TITLE DATE

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