

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

JACK L. MCCLELLAN

3. ADDRESS OF OPERATOR

P. O. Box 340, ROSWELL, NEW MEXICO

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

At surface 660' FN & M

At top prod. interval reported below

At total depth

14. PERMIT NO.

5. LEASE DESIGNATION AND SERIAL NO.

NM 025532

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

JENNINGS FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

3-T24S-R31E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

15. DATE SPUDDED

12/7/66

16. DATE T.D. REACHED

12/11/66

17. DATE COMPL. (Ready to prod.)

P&A 12/15/66

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

2227' GL 4229' DF

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

4450' (OLD TO 4365')

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

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS

CABLE TOOLS

O. T. D.

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

NONE

26. TYPE ELECTRIC AND OTHER LOGS RUN

GAMMA RAY-SONIC, LATEROLOG

27. WAS WELL CORED

No

No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	20	1030	12-3/4	50 SX	280
5-1/2	14	4348	8	100 SX	3968

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

OPEN HOLE

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4348-4365	1000 GALS OIL & 1000 LBS SAND
	10,000 GALS OIL PLUS 10,000 LBS SAND

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
8/5/66		PUMP				P&A	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8/7/66	24	2"	→	48		22	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
50 LBS.	100 LBS.	→					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

JACK L. MCCLELLAN

35. LIST OF ATTACHMENTS

OWO - Now P&A

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

SIGNED

J. L. McClellan

TITLE

OPERATOR

DATE

1/3/66

*(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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
RUSTLER	0	520	RED SAND AND SHALE	RUSTLER	520	
SALADO	520	890	ANHYDRITE, DOLOMITE, RED SHALE & SD	TOP SALT	390	
CASTILE	890	2730	SALT AND ANHYDRITE	BASE SALT	4063	
CASTILE	2730	4063	SALT AND ANHYDRITE	LAMAR LS.	4295	
LAMAR LS.	4063	4295	ANHYDRITE AND DOLOMITE	RAMSAY SD.	4337	
LAMAR LS.	4295	4325	BLACK, SHALEY LS.	FORD SD.	4440	
RAMSEY SD.	4325	4339	LIMESTONE & LIMESY SD.			
RAMSEY SD.	4339	4360	LIMESY SD.			
RAMSEY SD.	4360	4365	TRIABLE SD.			