

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R365.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM0538512																									
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME																									
2. NAME OF OPERATOR INEXCO OIL COMPANY ✓				7. UNIT AGREEMENT NAME																									
3. ADDRESS OF OPERATOR 106 Mid-America Bldg., Midland, Texas 79701				8. FARM OR LEASE NAME White City Federal																									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FNL & 990' FEL, Sec. 23, T-25-S, R-25-E At top prod. interval reported below At total depth				9. WELL NO. 1																									
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Wildcat																									
15. DATE SPEUDED 11-6-70 16. DATE T.D. REACHED 12-29-70 17. DATE COMPL. (Ready to prod.) 12-31-70 18. ELEVATIONS (DF. RKB, RT, GR, ETC.)* 3427 RKB				11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 23, T-25-S, R-25-E																									
20. TOTAL DEPTH, MD & TVD 11,622 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS _____				12. COUNTY OR PARISH Eddy																									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* P & A				13. STATE New Mexico																									
26. TYPE ELECTRIC AND OTHER LOGS RUN Microlaterlog Sidewall Gamma Ray Neutron, Dual Ind. Laterlog, Microlog, Laterlog				19. ELEV. CASINGHEAD _____																									
25. CASING RECORD (Report all strings set in well)				27. WAS DIRECTIONAL SURVEY MADE NO																									
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31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																										
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35. LIST OF ATTACHMENTS Logs listed in ITEM 26 mailed to USGS 1-22-71.																													
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																													
SIGNED <u>Walter R. Pittman</u> TITLE <u>Div. Explor. Manager</u> DATE <u>3-3-71</u>																													

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