

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 *

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 <u>NA</u>
2. NAME OF OPERATOR						Marathon Federal	
Hydrocarbon Exploration, Inc.						9. WELL NO.	
3. ADDRESS OF OPERATOR						1	
620 Commercial Bank Tower, Midland, Texas 79701						10. FIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						Wildcat	
At surface 1650' FN & WL Sec. 22						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
At top prod. interval reported below						Sec. 22, T26S, R25E	
At total depth Same						12. COUNTY OR PARISH	
14. PERMIT NO.						13. STATE	
June 6, 1973						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		
6/08/73	7/28/73	NA	3635 GR 3651 DF		3635		
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		
11,120	- -	- -	- -	Yes	-		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE		
None					No		
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED		
BHCS, GR, OI, LIG8, ML					No		
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	400	17-1/2	400 sx		None	
9-5/8	36-40	4,835	12-1/4	1250 sx.		None	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
NA					SIZE	DEPTH SET (MD)	
					NA	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
NA				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				NA			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)		
NA							
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	
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.)							
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		TITLE		Agent		7/31/73	

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 23, 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 TESTED, TIME TOOL OPEN, FLOWING AND SHUT IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
DST Strawn	8671	8730	No cushion, tool open 4 hr. 25 min, Flow Press. 161 psi. Shut in Press. 3167 psi 2 hr. 32 mins. Recovered 216' GCDM	Deleware	1310	
DST Morrow	9398	9452	No cushion, Tool open 1 hr. 15 mins, Flow Press 1126 psi. Shut in press. 2 hr. 2456, recovered 2060' drilling mud.	Bone Spring	4722	
DST Morrow	9521	9730	No cushion, Tool Open 75 mins, Flow Press 120 psi. Shut in press. 2 hrs. 481 psi, recovered 420' drilling mud.	3rd Bone Spring	7120	
				Ss	7450	
				Wolfcamp	8540	
				Penn Lm(Strawn)	9395	
				Morrow	10,340	
				Miss Lm	10,440	
				Woodford	10,565	
				Dev	10,970	
				Fusselman	11,120	
				TD		