Form 9-330
(Rev. 1-63)

N. M. O. C. C.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.: NM11042

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

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O. C. C.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME: Ross Draw Unit

8. FARM OR LEASE NAME: Ross Draw Unit

9. WELL NO.: 3

2. NAME OF OPERATOR: J. C. Williamson

3. ADDRESS OF OPERATOR: Box 16, Midland, Texas 79701

10. FIELD AND POOL, OR WILDCAT: Undesignated-Delaware

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements.*)
At surface: 1980' FEL and 660' FSL
At top prod. interval reported below: same
At total depth: same

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 27-26S-30E

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
	4-22-74	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
6-21-74	6-28-74	Not completed	2985.0 GR	

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
3510'	Well Plugged		→	Rotary	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: None

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Gamma Ray Neutron

27. WAS WELL CORED: No

23. 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"	24#	600'	12 1/4"	400 sx. circ.	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
	None	

31. PERFORATION RECORD (*Interval, size and number*): None

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
None	None

33.* PRODUCTION

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

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.)

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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 [signature] TITLE Operator DATE 1-29-75

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