

N. M. O. C. C. COPY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 8664	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR Anadarko Production Company		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR 310 North Willis St. - Abilene, Texas 79603		8. FARM OR LEASE NAME Federal "A1"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' FWL & 1820' FSL, Sec. 34-T21S-R24E XXXXXXXXXXXXXXXXXXXX XXXXXX		9. WELL NO. 1	
14. PERMIT NO. _____		10. FIELD AND POOL, OR WILLCAT Indian Basin <i>Lyapun River</i>	
DATE ISSUED _____		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 34, T21S-R24E	
15. DATE SPUDDED 9/7/69		12. COUNTY OR PARISH Eddy	
16. DATE T.D. REACHED 10/6/69		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) D. & A.		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4025' KB	
19. ELEV. CASINGHEAD _____		20. TOTAL DEPTH, MD & TVD 7911' KB-MD	
21. PLUG, BACK T.D., MD & TVD _____		22. IF MULTIPLE COMPL., HOW MANY* _____	
23. INTERVALS DRILLED BY _____		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* D. & A.	
25. ROTARY TOOLS X		26. WAS DIRECTIONAL SURVEY MADE No	
27. WAS WELL CURED No		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) See Back Side		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) NONE AMOUNT AND KIND OF MATERIAL USED RECEIVED NOV 10 1969 U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO	
33.* PRODUCTION DATE FIRST PRODUCTION D. & A. PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____	
35. LIST OF ATTACHMENTS Gamma Ray-Neutron logs were delivered to your Artesia office.		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records. SIGNED <i>William R. Banks</i> District Production Supt. DATE November 7, 1969	

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