COPY TO O. C. C.

Form 9-330
(Rev. 5-63)

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*

5. LEASE DESIGNATION AND SERIAL NO.: NM 15903A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Flying M McKay Federal

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Undes. Devonian

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 26, T9S, R32E

12. COUNTY OR PARISH: Lea

13. STATE: New Mexico

1a. TYPE OF WELL: OIL WELL [XX] GAS WELL [ ] DRY [XX] Other

b. TYPE OF COMPLETION: NEW WELL [XX] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

2. NAME OF OPERATOR: PETROLEUM DEVELOPMENT CORPORATION

3. ADDRESS OF OPERATOR: 9720 B Candelaria N. E., Albuquerque, New Mexico 87112

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1980' FEL, 1980' FNL SW¼NE¼
At top prod. interval reported below
At total depth

14. PERMIT NO. | DATE ISSUED

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
12/22/78	2/9/79		4320GL	4339

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
10,960	0		→	0-TD	--

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24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD): N/A

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: CND & DLL Micro SFL

27. WAS WELL CORED: No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
12-3/4"	34#	425	17½"	500 sx."C", 2% KCL	
8-5/8"	24#	3640	11"	515 sx."C", 2% CaCl	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
N/A		

31. PERFORATION RECORD (*Interval, size and number*)
N/A

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
N/A	

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.)

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 Charlotte Pendry TITLE Secretary DATE 3/23/79

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
			SEE ATTACHMENT "A" FOR DST INFORMATION

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Rustler	1782	(+2557)
Yates	2262	(+2077)
Queen	2957	(+1382)
San Andres	3515	(+824)
Glorietta	4918	(- 579)
Tubb	6384	(-2045)
Abo	7258	(-2919)
"XX"	8427	(-4088)
Bough "C"	8992	(-4653)
Strawn	9885	(-5546)
Atoka	10,416	(-6077)
Mississippian	10,904	(-6565)

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636

ATTACHMENT "A"

WELL COMPLETION OR RECOMPLETION REPORT AND LOG
Flying M McKay Federal #1, Lea County, New Mexico

37. Summary of Porous Zones

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Strawn	10,410	10,644	DST #1: 15" 60" 60" 90". Slight blow of air throughout. GTS at end of test, TSTM. Recovered 1120' slight gas cut mud. SIP's not valid- slight packer leak. HH 5663 FP 468-843 SIP 4562-2972 BHT 125°F Sampler: 30#, 0.05 cfg. 1900 cc mud.
Atoka	10,697	10,960	DST #2: Packer seat failed. POOH. Lost rubber on lower packer.
Atoka	10,728	10,960	DST #3: 20" 75" 212" 150". Weak blow air increasing to fair blow air. No gas recovery. Recovered 400' dlg. mud. Sampler recovery: 130 psi; 0.17 c.f. gas; 1400 c.c. mud. IFP 115-138 FFP 184-161 SIP 460-299 HH: 5722-5587
Bough "C"	8996	9140	DST #4: 15" 75" 150" 180". Fair blow air throughout. Recovered 6400' gas cut salt water. HH 4843-4843 IFP 1134-1360 FFP 1511-2969 SIP 3020-2982 BHT: 120° F. Sampler recovery: 2000 cc SW, 68,000 ppm chlorides (mud 116,000 ppm)
"XX"	8540	8581	DST #5: 11" 90" 113" 90". VWBA. Recov. 1156' muddy water (top: 116,000 ppm, Cl; middle 99,000 ppm Cl; bottom 90,000 ppm Cl). Sampler recovery: 100 psi; 2400 cc water; 87,000 ppm Cl. HH 4619-4619 IFP 195-335 FFP 279-638 SIP 2881-2708