

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

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>				7. UNIT AGREEMENT NAME 							
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>				8. FARM OR LEASE NAME Jacobs Federal							
2. NAME OF OPERATOR Socony Mobil Oil Company, Inc.				9. WELL NO. 11							
3. ADDRESS OF OPERATOR Box 1800, Hobbs, New Mexico				10. FIELD AND POOL, OR WILDCAT Milnesand - San Andres							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FSL & 2310' FEL of Sec. Unit "O" SW/4 SE/4 At top prod. interval reported below At total depth				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 20 8S 35E							
		14. PERMIT NO.		DATE ISSUED 3-19-65		12. COUNTY OR PARISH Roosevelt		13. STATE New Mexico			
15. DATE SPUDDED 3-30-65		16. DATE T.D. REACHED 4-5-65		17. DATE COMPL. (Ready to prod.) 4-9-65		18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 4213 GL		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 4710'		21. PLUG, BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY Rotary		ROTARY TOOLS 			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4664-4687 San Andres								25. WAS DIRECTIONAL SURVEY MADE No			
26. TYPE ELECTRIC AND OTHER LOGS RUN CR-Correl log								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	
3 5/8"		29#		371		12 1/4"		Cem. w/300 sx incor neat			
4 1/2"		9.5#		4710		8 7/8"		Cem. w/300 sx incor neat			
29. LINER RECORD										30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE	
										2"	
										4706'	
										SN 4685'	
31. PERFORATION RECORD (Interval, size and number) 4664-67-69-71-74-76-79-81-83-85 & 87 w/1 JSPF - 11 holes						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)						AMOUNT AND KIND OF MATERIAL USED					
4664-4687						1000 gal. 15% NE Acid					
33. PRODUCTION											
DATE FIRST PRODUCTION 4-9-65				PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST 4-9-65		HOURS TESTED 24		CHOKE SIZE 20/64"		PROD'N. FOR TEST PERIOD 456		OIL—BBL. 456		GAS—MCF. 330	
FLOW, TUBING PRESS. 140		CASING PRESSURE -		CALCULATED 24-HOUR RATE 456		OIL—BBL. 456		GAS—MCF. 330		WATER—BBL. None	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold										TEST WITNESSED BY R. H. Cummins	
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

Group Supervisor

DATE 4-12-65

***(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 32.

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: "Stacks 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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Shale & Red Bed	0	197				
Red Bed	197	1530				
Anhy & Shale	1530	2138		A Baker	4627	
Red Bed	2138	2185				
Anhy	2185	2295				
Salt Anhy	2295	3117				
Anhy & Shale	3117	3348				
Anhy	3348	3665				
Lime	3665	4710				

38.

GEOLOGIC MARKERS