Form 9-330
(Rev. 5-63)

SUBMIT IN DUPLICATE

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

HOBBS OFFICE O. C. C. JUN 11 AM '67

(See other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.: NM-016644

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Government L

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 11-7S-34E

12. COUNTY OR PARISH: Roosevelt

13. STATE: N.M.

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: Plug & Abandon

2. NAME OF OPERATOR: Cities Service Oil Company

3. ADDRESS OF OPERATOR: P. O. Box 69 - Hobbs, New Mexico 88240

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

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
3-27-67	4-11-67	Dry	4294 DF	-

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
5000	-	-	→	0-5000'	-

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL SURVEY MADE: Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: Borehold compensated Sonic Log-Gamma Ray Formation Density Log, Neutron Porosity Log, Microlaterlog, Laterlog

27. WAS WELL CORED: Yes

28. 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#	481'	11¼	450 Sax circulated	-

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

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

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

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: Directional Survey - Logs as listed above

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED E. C. Lewis TITLE District Superintendent DATE 5/29/67

*(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.
Core #1 - 4336-4396 Cut 60', Recovered 59' - 4336-55½ Anhydrite; 4355½-71 Dolomite Dense, Tight, NS: 4371-79 Anydrite; 4379-95 Dolomite Dense, Tight N.S.; 4395-96 Lost Core.			
Core #2 - 4396-4456, Cut 60', Recovered 59' - 4396-4443 Dolomite w/scattered bleeding of oil; 4443-4455 Anhydrite; 4455-4456 Lost Core.			
Core #3 - 4456-4509, Cut 53', Recovered 53' - 4456-58 Dolomite, Dense, N.S.: 4458-78 Anhydrite; 4478-4509 Dolomite Bleeding water from scattered fracs and PP Porosity.			

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Anhydrite	2120	
Yates	2420	
Queen	3112	
San Andres	3560	
Slaughter	4266	
Glorietta	4952	

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AFFIDAVIT

State of New Mexico

County of Lea

Cities Service Oil Company

HOBBS OFFICE O. C. C.

Lease Name Government L Well No. 1

In Sec. JUN 6 11 09 AM '67 Twp. 7S Rge. 34E

County

of Roosevelt State of

New Mexico. E. Y. Wilder of lawful age being first duly sworn deposes and says:

That he supervises development and operation of the captioned lease and is duly qualified and authorized to make this affidavit and is fully acquainted with all facts herein set out concerning Deviation test and Directional Drilling.

Degrees	Depth	Degrees	Depth	Degrees	Depth
.25	480	1.25	3777		
.50	900	1.00	3974		
.25	1385	.75	4246		
.75	1840	.50	4336		
1.50	2240	.50	4673		
1.75	2422	1.00	4833		
1.75	2800	1.00	4935		
1.75	3185				
1.50	3576				
1.50	3650				

Further affiant saith not.

E. Wilder

Subscribed and sworn to before me this 29th day of May 19 67

My Commission Expires MY COMMISSION EXPIRES MARCH 1, 1969

James M. Eyl Notary Public

Lea County, New Mexico