Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICAT (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-0234351

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

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

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Federal

2. NAME OF OPERATOR: R. R. Morrison

9. WELL NO.: 1

3. ADDRESS OF OPERATOR: c/o John L. Cox, 305 V&J Tower, Midland, Texas 79701

10. FIELD AND POOL, OR WILDCAT: Und. So. Prairie Cisco

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

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 33, T-8-S, R-36-E

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: Roosevelt | 13. STATE: N.M.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
10-15-68	11-14-68	1-14-69	4116' DF	4106

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
9800'	---		→	0-9800'	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 9761-73' Penn.

25. WAS DIRECTIONAL SURVEY MADE: no

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

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#	400'	17-1/2"	425 sacks	--
8-5/8"	24# & 32#	4032'	11"	400 sacks	--
4-1/2"	11.6#	9800'	7-7/8"	425 sacks	--

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2"	9200	9200

31. PERFORATION RECORD (*Interval, size and number*): 9761-73' w/4 holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
9761-73	1000 gal. 15% mud acid

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
1-14-69	Pump - 2" Kobe	Prod.

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-13-69	24	--		154	113	450	735:1

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
---	---		154	113	450	42

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): Vented

TEST WITNESSED BY: H. Lemon

35. LIST OF ATTACHMENTS: 1 copy of GR-N log and 4 copies of Inclination Report

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

SIGNED John L. Cox TITLE Agent DATE 1-14-69

*(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.
Surface Sand	0	120	
Red Beds	120	1920	
Red Bed & Anhy.	1920	2253	
Anhy. & Salt	2253	3261	
Anhy. & Lime	3261	4021	
Lime & Shale	4021	6244	
Lime & Sand	6244	6682	
Lime & Shale	6682	8345	
Lime	8345		

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Rustler	2240	
Yates	2805	
San Andres	4050	
Abo	7740	
Bough "C"	9760	

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R ~~ROAD COMMISSION OF TEXAS~~
OIL AND GAS DIVISION

Form I-1
11-2-62

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT

Field Name _____ County Roosevelt Co., N.M. RRC Dist. No. _____

Operator R. R. Morrison Address 305 V&J Tower Bldg. City Midland

Lease Name & No. Federal Well No. 1 Survey _____

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
400	1-1/4		
838	1/4		
1400	3/4		
2150	1/4		
2727	1/2		
3322	1-1/2		
3887	2-1/4		
4032	2-1/4		
4400	1-1/2		
4845	3/4		
5395	1		
5975	1-1/2		
6385	1		
6815	1		
7115	1		
7469	1/4		
8293	3/4		
8480	3/4		
9082	1		
9453	2-1/2		
9740	2		

Total Displacement _____

Was survey run in Tubing _____ Casing _____ Open Hole X

Distance to nearest lease line 660 feet

Distance to lease lines as prescribed by field rules _____ feet

Certification of personal knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Signature

TOM BROWN DRILLING COMPANY, INC.
Company

Operator Affidavit:

(Note: Party making affidavit must strike out inapplicable phrases, and must file explanatory statement when applicable.)

Before me, the undersigned authority, on this day, personally appeared _____, known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that he is the operator of the well identified in this instrument (that he is acting at the direction and on behalf of the operator of the well identified in this instrument), and that such well was not intentionally deviated from the vertical whatsoever.(and that such well was deviated at random for the reason described in the attached statement).

_____
Signature and Title of Affiant

Sworn and Subscribed to before me, this the _____ day of _____, 19____.

_____
Notary Public in and for _____ County, Texas.

RRC Use Only:

Approved By: _____
Title: _____
Date: _____