

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

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 _____
2. NAME OF OPERATOR R. R. Morrison								7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR c/o John L. Cox, 408 W. Wall, Midland, Texas								8. FARM OR LEASE NAME Federal "D"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FWL & 1980' FSL At top prod. interval reported below At total depth								9. WELL NO. 1	
14. PERMIT NO.								13. STATE N. M.	
15. DATE SPUDDED 7-4-69								12. COUNTY OR PARISH Roosevelt	
16. DATE T.D. REACHED 8-7-69		17. DATE COMPL. (Ready to prod.) 8-29-69		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4020' GR		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 9848'		21. PLUG, BACK T.D., MD & TVD ---		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-9848'	
24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 9757-74' 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#	414'	17-1/2"	375 sx.		-0-			
8-5/8"	24# & 32#	4000'	11"	400 sx.		-0-			
4-1/2"	11.6#	9848'	7-7/8"	450 sx.		-0-			
29. LINER RECORD								30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)		
					2"	9500			
31. PERFORATION RECORD (Interval, size and number) 9757-74 w/5				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
				9757-74		2000 gal. 15% acid			
33.* PRODUCTION									
DATE FIRST PRODUCTION 8-29-69		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pump (Kobe)				WELL STATUS (Producing or shut-in) Prod.			
DATE OF TEST 8-28-69	HOURS TESTED 24	CHOKE SIZE ---	PROD'N. FOR TEST PERIOD →	OIL—BBL. 312	GAS—MCF. 251	WATER—BBL. 247	GAS-OIL RATIO 805:1		
FLOW. TUBING PRESS. -	CASING PRESSURE -	CALCULATED 24-HOUR RATE →	OIL—BBL. 312	GAS—MCF. 251	WATER—BBL. 247	OIL GRAVITY-API (CORR.) 40			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented						TEST WITNESSED BY Hulen Lemon			
35. LIST OF ATTACHMENTS 2 copies of log									
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records									
SIGNED _____		TITLE _____		Agent		DATE 8-29-69			

*(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:			38. GEOLOGIC MARKERS	
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	NAME	MEAS. DEPTH
				TRUE VERT. DEPTH
Surface Sd.	0	135	Rustler Abo Bough "C"	2245
Red Beds	135	1850		7800
Red Beds & Anhy.	1850	2225		9702
Anhy. & Salt	2225	3300		
Anhy. & Lime	3300	4680		
Lime & Shale	4680	6200		
Lime, Sand & Shale	6200	7330		
Lime & Shale	7330	9680		
Lime	9680	9848		