

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 _____						5. LEASE DESIGNATION AND SERIAL NO. NM-0328425-A	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR R. R. Morrison						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR c/o John L. Cox, 408 West Wall, Midland, Texas						8. FARM OR LEASE NAME Cities Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 810' FNL & 1980' FWL At top prod. interval reported below At total depth						9. WELL NO. 2	
14. PERMIT NO. _____ DATE ISSUED _____						10. FIELD AND POOL, OR WILDCAT Vada Penn	
15. DATE SPUDDED 12-15-69 16. DATE T.D. REACHED 1-14-70 17. DATE COMPL. (Ready to prod.) 1-28-70 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4618' GR 19. ELEV. CASINGHEAD 4530'						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 29, 8S, 36E	
20. TOTAL DEPTH, MD & TVD 9840'		21. PLUG, BACK T.D., MD & TVD ---		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-9840'	
24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 9748-62' (Penn)						25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gammatron						27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
12-3/4"		34#		405'		17-1/2"	
8-5/8"		24# & 32#		4000'		11"	
4-1/2"		11.6#		9840'		7-7/8"	
CEMENTING RECORD		AMOUNT PULLED					
375 sx.		-					
400 sx.		-					
450 sx.		-					
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
2"		9600'		9600'			
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2"		9600'		9600'			
31. PERFORATION RECORD (Interval, size and number) 9748-62 w/5							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
9748-62'				2000 gal. 15% acid			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
1-28-70		Flowing				Prod.	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
1-27-70		24		24/64"		395	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO	
350#		-0-		395		423 20 1070:1	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented							
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				DATE	
Agent		1-29-70					

*(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.

Item 17: Log data 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: "Seals 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		DESCRIPTION, CONTENTS, ETC.			
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Surface soil.		128			
Red Beds	128	1020		7820'	
Red Beds & Anhy.	1820	2355	Abo	9737'	
Anhy. & Salt	2355	3360	Bough "C"		
Anhy. & Lime	3360	4200			
Lime & Shale	4200	6410			
Lime, sand & Shale	6410	7520			
Lime & Shale	7520	9648			
Lime	9648	9840			