

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE\*

(See oil  
structure  
reverse side)

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

**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 _____		5. LEASE DESIGNATION AND SERIAL NO. <b>NM041698-A</b>																															
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 _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____																															
2. NAME OF OPERATOR <b>H. L. BROWN, JR.</b>		7. UNIT AGREEMENT NAME _____																															
3. ADDRESS OF OPERATOR <b>Post Office Box 2237, Midland, Texas 79702</b>		8. FARM OR LEASE NAME <b>Kirkpatrick Federal</b>																															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <b>990' FWL, 1550' FNL, Sec. 11, T-8-S, R-37-E</b> At top prod. interval reported below <b>Same</b> At total depth <b>Same</b>		9. WELL NO. <b>#8</b>																															
14. PERMIT NO. _____ DATE ISSUED <b>2-3-77</b>		10. FIELD AND POOL, OR WILDCAT <b>Undesignated</b>																															
15. DATE SPUDDED <b>5-16-77</b>		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <b>Sec. 11, T-8-S, R-37-E</b>																															
16. DATE T.D. REACHED <b>6-24-77</b>		12. COUNTY OR PARISH <b>Roosevelt</b>																															
17. DATE COMPL. (Ready to prod.) <b>7-29-77</b>		13. STATE <b>New Mexico</b>																															
18. ELEVATIONS (DF, RKB, RT, GB, ETC.)* <b>4043 GR</b>		19. ELEV. CASINGHEAD _____																															
20. TOTAL DEPTH, MD & TVD <b>9210</b>		23. INTERVALS DRILLED BY <b>Rotary</b>																															
21. PLUG, BACK T.D., MD & TVD <b>8165</b>		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <b>8098'-8122'</b>																															
22. IF MULTIPLE COMPL., HOW MANY* _____		25. WAS DIRECTIONAL SURVEY MADE <b>No</b>																															
26. TYPE ELECTRIC AND OTHER LOGS RUN <b>Compensated Neutron - Formation Density - GR</b>		27. WAS WELL CORED <b>No</b>																															
28. CASING RECORD (Report all strings set in well)																																	
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32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																																	
33.* PRODUCTION																																	
DATE FIRST PRODUCTION <b>7-30-77</b>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <b>Pump</b>																															
WELL STATUS (Producing or shut-in) <b>Producing</b>																																	
DATE OF TEST <b>9-29-77</b>	HOURS TESTED <b>24</b>	CHOKE SIZE <b>2"</b>	PROD'N. FOR TEST PERIOD <b>→</b>																														
OIL—BBL. <b>17.53</b>	GAS—MCF. <b>18</b>	WATER—BBL. <b>26.30</b>	GAS-OIL RATIO <b>1,027</b>																														
FLOW. TUBING PRESS. <b>Pump</b>	CASING PRESSURE <b>10</b>	CALCULATED 24-HOUR RATE <b>→</b>	OIL GRAVITY-API (CORR.) <b>47.3</b>																														
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34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <b>Used for fuel</b>																																	
35. LIST OF ATTACHMENTS <b>DST's, Deviation Survey, logs</b>																																	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																																	
SIGNED <b>Jan Davidson</b>		TITLE <b>Production Clerk</b>																															
		DATE <b>11-1-77</b>																															

\*(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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Rustler Yates San Andres Abo Wolfcamp Sutlu-Devonian	2155 2550 3755 7028 8090 8972	

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

38. GEOLOGIC MARKERS