

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions 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. RESERVE ☐		Other ☐									
2. NAME OF OPERATOR <i>Am American Petroleum Corp.</i>																					
3. ADDRESS OF OPERATOR <i>Box 68 Hobbs N.M. 88240</i>																					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <i>660 FSL X 660 FWL, Sec. 19 (UNIT M, SW 1/4 SW 1/4)</i> At top prod. interval reported below At total depth																					
14. PERMIT NO.				DATE ISSUED																	
15. DATE SPUDDED <i>9-1-65</i>				16. DATE T.D. REACHED <i>9-12-65</i>				17. DATE COMPL. (Ready to prod.)				18. ELEVATIONS (DF, RKB, RT, CR, ETC.)* <i>4138 R.D.B.</i>				19. ELEV. CASINGHEAD					
20. TOTAL DEPTH, MD & TVD <i>3801</i>				21. PLUG, BACK T.D., MD & TVD <i>P+A 10-1-65</i>				22. IF MULTIPLE COMPL., HOW MANY*				23. INTERVALS DRILLED BY <i>10-TD</i>				24. ROTARY TOOLS		25. CABLE TOOLS			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <i>None</i>														25. WAS DIRECTIONAL SURVEY MADE							
26. TYPE ELECTRIC AND OTHER LOGS RUN <i>Gamma Ray-Sonic, Microlaterlog, Laterlog, movable Oil Plot</i>														27. WAS WELL CORED <i>YES</i>							
28. CASING RECORD (Report all strings set in well)																					
CASING SIZE <i>13 3/8</i>		WEIGHT, LB./FT. <i>35.6 #</i>		DEPTH SET (MD) <i>312'</i>		HOLE SIZE <i>17 1/2"</i>		CEMENTING RECORD <i>300 SX-CUC.</i>				AMOUNT PULLED									
29. LINER RECORD														30. TUBING RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)							
31. PERFORATION RECORD (Interval, size and number)														32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
<i>NMOCC - ARTESIA</i> ☐ <i>NMOCC - HOBBS</i> ☒ <i>BLM - SANTA FE</i> ☐														DEPTH INTERVAL (MD) <i>NOTED</i> <i>OCT 20 1965</i>				AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION														34. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DATE FIRST PRODUCTION <i>None</i>				PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <i>WYATT</i>										35. RECEIVED <i>OCT 20 1965</i>							
DATE OF TEST		HOURS TESTED		CHOKER 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.)		I. S. GEOLOGICAL SURVEY							
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)														35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.														37. TESTED AND APPROVED <i>OCT 26 1965</i>							
SIGNED <i>V. E. STALEY</i>				TITLE <i>Area Supt</i>				DATE <i>11-1-65</i>				TESTED AND APPROVED <i>OCT 26 1965</i>									

*(See Instructions and Spaces for Additional Data on Reverse Side)

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should be listed on this form, see item 35. If a State, territory, or possession location on Federal or Indian land should be described in accordance with Federal requirements. Consult local State 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 a local or Federal office for specific instructions.

Item 16: Indicate which elevation is used as reference (waste not, water waste and/or KO, upper, middle, surface, bottom, etc.).

Item 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 interval(s), top(s), bottom(s) and name(s) (if any) for only the interval reported in item 38. 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 25: Indicate the location of the monitoring tool (e.g., surface, bottom, etc.).

Item 23: "Sacks Cement": Attached supplemental records for this well should show the details or any multiple stage cementing and the location of the cementing tool.

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38. SUMMARY OF POROSITY ZONES: COBED INTERVALS; AND ALL DEBIT-STEM TESTS, INCLUDING SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES DEPTH INTERVAL TESTED. 38. GEOLOGIC MARKERS

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