Form 9-330
(Rev. 5-63)

NMOCC - [illegible]
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BLM - SANTA FE

UNIT) 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*

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
Tom Brown Drilling Company, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 5706, Midland, Texas 79701

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface **660 FS 1980 FE**
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO.
NM028083

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mobil-Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 8, T-9-S, R-31-E

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: **Chaves** | 13. STATE: **New Mexico**

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
8/13/68	8/21/68		Unknown	

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
3935			→	X	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
None

25. WAS DIRECTIONAL SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray - Acoustic

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
8-5/8		364	12-3/4	300 sx (circ out 35)	-0-

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (*Interval, size and number*)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)

DATE OF TEST	HOURS TESTED	CHOKE 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.)

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

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

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

SIGNED [signature] TITLE **Vice-President-Exploration** DATE **August 26, 1968**

ACCEPTED FOR RECORD
[signature]
[illegible]

*(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 sd & caliche	0	210	
Red beds	210	1253	
Anhy and salt	1253	1795	
and	1795	1900	
Anhy and salt	1900	2593	
Sand and dolo	2593	3023	
Dolo and anhy	3023	3935	

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Anhy		1253
Yates		1795
Queen		2593
San Andres		3023

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.ILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form I-1
11-2-62

INCLINATION REPORT

Aug 22 11 45 AM '62

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT

Field Name _____ County **Chaves, New Mexico** RRC Dist. No. _____

Operator **Tom Brown Drilling Co., Inc.** Address **P. O. Box 5706** City **Midland, Texas**

Lease Name & No. **Mobil-Federal** Well No. **1** Survey **Sec. 8, T-9-S R-31-E**

660 FSL, 1980 FEL

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
430	1/2		
890	1/2		
1360	1/2		
1760	3/4		
1930	3/4		
2466	1		
2800	1		
3100	1-3/4		
3601	1-1/2		
3960	1-1/2		

INFORMATION AND INSTRUCTIONS AS PER
STATEWIDE RULE 54

II. INCLINATION SURVEYS

A. Requirement of

1. An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when as a result of any operation the course of the well is changed.

a. The first shot point of such inclination survey shall be made at a depth not greater than 500 feet below the surface of the ground and succeeding shot points shall be made either at 500 foot intervals or at the nearest drill bit change thereto; but not to exceed 1000 feet apart.

2. Inclination surveys conforming to these requirement

reached total depth. Acceptable directional surveys may be filed in lieu of inclination surveys.

3. Copies of all directional or inclination surveys, regardless of the reason for which they are run, shall be filed as a part of or in addition to the inclination surveys otherwise required by this rule.

E. Reports

1. The report form prescribed by the Commission shall require that it be signed and certified by a party having personal knowledge of the facts therein contained.

a. The report shall include a tabulation of the maximum drifts which could occur between the surface and the first shot point and each two successive shot points, assuming that all of the unsurveyed hole between any two shot points has the same inclination as that measured at the lowest shot point, and the total possible accumulative drift, assuming that all measured angles of inclination are in the same direction.

2. In addition, the report shall be accompanied by a sworn statement of the operator, or of someone acting at his direction on his behalf either, (1) that the well was not intentionally deviated from vertical whatsoever or, (2) that the well was deviated at random, with an explanation of the circumstances.

3. The report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion form for the well.

4. The Commission may require the submittal of the original charts, graphs, or discs resulting from the surveys.