

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 _____				5. LEASE DESIGNATION AND SERIAL NO. N.M. 0125274B	
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 Tom Brown Drilling Co., Inc.				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 953, Midland, Texas 79701				8. FARM OR LEASE NAME Cities-Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660 N & 1843 WL Sec. 18-11-31E At top prod. interval reported below At total depth				9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED 11-20-68				10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUDDED 11-30-68 16. DATE T.D. REACHED 1-17-68 17. DATE COMPL. (Ready to prod.) Dry 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4143 GL 19. ELEV. CASINGHEAD				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 18-11S-31E	
20. TOTAL DEPTH, MD & TVD 8600 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-8600' 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry 25. WAS DIRECTIONAL SURVEY MADE Yes				12. COUNTY OR PARISH Chaves 13. STATE New Mexico	
26. TYPE ELECTRIC AND OTHER LOGS RUN				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
12 3/4		34		325	
8 5/8		24 and 32		3195	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (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		
			RECEIVED		
			FEB 17 1969		
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (shut-in) Producing
DATE OF TEST		HOURS TESTED		CHOKE SIZE	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
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					
SIGNED <u>Lillian Jones</u>		TITLE Agent		DATE 2-6-69	

*(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 38, 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.
Red bed, sd & sh	0	990	
Anhy and lime	990	1690	
Sand	1690	1820	
Anhy & lime	1820	2970	
Dolo	2970	4350	
Sd & Dolo	4350	4445	
Dolo and lime	4445	5840	
Sd	5840	5995	
Dolo & lime	5995	6670	
Sh	6670	7180	
Lime & dolo	7180	7840	
Sh & lime	7840	8465	
DST 8480 - 8600, open 2 hrs., rec. 50' GCM, 1 hr ISIP 2233, FP 98 - 94, 1 hr FSIP 1473			

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
T. Anhy	990	
T. Yates	1690	
T. San Andres	2970	
T. Florieta	4350	
T. Tubb	5820	
T. Abo	6670	
T. L. VC	7880	
T. Cisco	8465	