

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____				5. LEASE DESIGNATION AND SERIAL NO. NM 0318148	
2. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. NAME OF OPERATOR Tom Brown Drilling Company, Inc.				7. UNIT AGREEMENT NAME	
4. ADDRESS OF OPERATOR P. O. Box 5706, Midland, Texas 79701				8. FARM OR LEASE NAME Amerada-Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980 FN 660 FE, Section 12, 11-S, 30-E At top prod. interval reported below At total depth				9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED 12/31/69				10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUDDED 1/3/70 16. DATE T.D. REACHED 2/8/70 17. DATE COMPL. (Ready to prod.) Dry				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 12-11S - 30E NMPM	
18. ELEVATIONS (DF, REB, RT, GR, ETC.) 4123 GL				12. COUNTY OR PARISH Chaves	
19. ELEV. Casing Head _____				13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 8445		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS 312-8445		CABLE TOOLS 0 - 312	
24. PRODUCTION INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TV) Dry				25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Sidewall Neutron & Laterlog				27. WAS WELL CORED No	
CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
12-3/4	37	312	17-1/2"	325 SXS	-0-
8-5/8	24 & 32	3003	11"	350 SXS	-0-
4-1/2	10.50 & 11.60	8464	7-7/8"	425 SXS	-0-
LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number) 8409 - 14 - 1/2 holes - 5 holes			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
8409-14			500 MCA Acid (HCL)		
			500 MCA Acid (HCL)		
			3000 Reg 15% Acid (HCL)		
			10,000 Reg 15% Acid (HCL)		
33. PRODUCTION					
DATE FIRST PRODUCTION None		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.
TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.
DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY			
34. LIST OF ATTACHMENTS					
35. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED [Signature]		TITLE Vice-President-Production		DATE March 20, 1970	

*(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 uses 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 1: 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 items 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: "Grout 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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Red bed	0	970		Anhy	970	
anhy	970	1670		Yates	1670	
Sand	1670	1790		San Andres	2940	
Anhy & ls	1790	2940		Glorieta	4330	
Dolo	2940	4330		Tubb	5780	
Sd & dolo	4330	4500		Abo	6620	
Dolo	4500	5780		L. WC	7905	
Sd & dolo	5780	5940		Bough C	8393	
Dolo & ls	5940	6620				
Shale	6620	7110				
Ls & dolo	7110	7755				
Ls & sh	7755	8445				

MAR 26 1970

OIL CONSERVATION COMM.

HOBBS, N. M.

DST 8406-8445 op 1 hr. rec. 90' M

1' SIP 1198, FP 57-71, 2' FSIP 1995