Form 9-330
(Rev. 5-63)

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. RESVR. ☐ Other P & A

2. NAME OF OPERATOR: Byron McKnight & Nolan Brunson

3. ADDRESS OF OPERATOR: Box 227, Hobbs, New Mexico 88240

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 330 FNL & 330 FEL
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO.: 0259210-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Jacquie Ann

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 22, T-22-S R-34-E

12. COUNTY OR PARISH: Lea

13. STATE: NM

14. PERMIT NO. | DATE ISSUED

15. DATE SPUDDED: 5-26-72

16. DATE T.D. REACHED

17. DATE COMPL. (*Ready to prod.*)

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*: KB 3500'

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD: 3881'

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY → ROTARY TOOLS: X | CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: D & A

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Neutron, Laterolog

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	24#	327		240 sx Class C/2% Ca Cl. Cement circulated	

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*): None

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*)
P & A		P & A

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: Inclination Report

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

SIGNED [signature] TITLE Operator DATE 6/14/72

*(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.
	0	1700	Sand, shale, anhydrite
	1700	3450	Salt
	3450	3570	Dolomite, anhydrite
	3570	3881	Sand, shale, dolomite, anhydrite

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Base Salt	3450	-
Yates	3570	-

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636

INCLINATION REPORT

OPERATOR Mr. Byron Mc Knight ADDRESS 220 West Broadway, Hobbs, N.M. 88240

LEASE Jacquie Ann WELL NO. 1 FIELD

LOCATION 330' FNL & E Line, Section 22, T22S, R34E, Lea County, New Mexico

Depth	Angle Inclination (degrees)	Displacement	Displacement Accumulated
327	1/2	2.8449	2.8449
650	1/2	2.8101	5.6550
930	3/4	3.6680	9.3230
1237	3/4	4.0217	13.3447
1537	3/4	3.9300	17.2747
1816	3/4	3.6549	20.9296
2094	3/4	3.6418	24.5718
2372	3/4	3.6418	28.2132
2711	3/4	4.4409	32.6541
3019	3/4	4.0348	36.6889
3356	3/4	4.4147	41.1036
3478	1 1/4	2.6596	43.7632
3560	2	3.5598	47.3230
3704	2	4.3276	51.6506
3814	1 3/4	3.3550	55.0056
3881	1 3/4	2.0435	57.0491

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

Ken Hedrick

Title: Drilling Superintendent

Affidavit:

Before me, the undersigned authority, appeared Ken Hedrick known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Ken Hedrick
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 5th day of June 1972.

Notary Public in and for the County of Lea, State of New Mexico

Seal

MY COMMISSION EXPIRES MARCH 30, 1974