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*

5. LEASE DESIGNATION AND SERIAL NO.: LC-062060-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Sinclair et al "C"

2. NAME OF OPERATOR: Max M. Wilson

9. WELL NO.: 1

3. ADDRESS OF OPERATOR: c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico

10. FIELD AND POOL, OR WILDCAT: Wildcat

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface 1980' FNL & 1980' FWL of Section 25
At top prod. interval reported below
At total depth

JUN 23 1964
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 25, T26S, R35E

14. PERMIT NO. | DATE ISSUED | 12. COUNTY OR PARISH: Lea | 13. STATE: N. M.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
4/30/64	6/8/64	P&A 6/9/64	2985 DF	

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
5300			→	138-5300	0-138

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

NOTED JUN 24 1964

25. WAS DIRECTIONAL SURVEY MADE: Yes

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

27. WAS WELL CORED: Yes

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4	32.75#	350	13 3/4	125 sacks	none

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
2 copies of electric log furnished 6/8/64.

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

SIGNED H. L. Smith TITLE Agent DATE June 19, 1964

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