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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.: LC [illegible]-B

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other

7. UNIT AGREEMENT NAME:

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other P & A

8. FARM OR LEASE NAME: Roy H. Smith - Federal

2. NAME OF OPERATOR: Roy H. Smith Drilling Co.

9. WELL NO.: 1-21

3. ADDRESS OF OPERATOR: [illegible] 1st. Wichita National Bldg., Wichita Falls, Texas

10. FIELD AND POOL, OR WILDCAT: Jalmat

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 660' from South line, 660' from East line, NMPM Lea County, N. M.; 9 miles NW of Jal, N. M.
At top prod. interval reported below
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 21, T-24S, R-36E, SE/4 SE/4

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH | 13. STATE

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
10/[illegible]/64	11/3/64	dry hole	3346 DF	3336

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
62'	0	--	→	rotary	

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

25. WAS DIRECTIONAL SURVEY MADE: Yes - note attached report

26. TYPE ELECTRIC AND OTHER LOGS RUN: Gamma-Sonic

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
8 5/8"	24#	323	12 1/4"	100 sx. @ 323'	none
4 1/2"	9.5#	3852	6 3/4"	100 sx. @ 3852'	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
		NONE		

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (*Interval, size and number*)
3669' - 3671', 3694' - 3697', 3701'-3703', 3719' - 3736'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3669 - 3736	1000 gal. acid 15% MCA

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
None	Dry Hole	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

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

SIGNED [signature] TITLE Owner DATE 2/5/65

*(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.
Dolemite	3645	3768	Very porous, water bearing
Lime	3768	3862	Porous, water bearing

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
T. Anhy.	1545	See attac
T. Salt	1780	inclination
B. Salt	3330	report
T. Yates	3457	
T. 7 Rivers	3686	

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

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT

Field Name Jal Mat County Lea RRC Dist. No.

Operator Roy H. Smith Drilling Co. Address 728 1st. Wichita Nat'l. Bldg. City Wichita Falls Texas

Lease Name & No. Federal Well No. 1-21

Sec. 21, T-24S, R-36E, Lea County, New Mexico.

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
332	0° 15'	1.46	1.46
500	0° 45'	2.20	3.66
773	1° 15'	5.95	9.61
1413	1° 15'	13.95	23.56
1551	1° 45'	4.21	27.77
2044	2° 15'	19.37	47.14
2540	2° 45'	23.81	70.95
3011	2° 45'	22.61	93.56
3502	3° 30'	30.00	123.56
3862	3°	18.83	142.39

Total Displacement 142.39

Certification of personal knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Gladys Boyd
Signature

ROY H. SMITH DRILLING CO.
Company

Operator Affidavit:

(Note: Party making affidavit must strike out inapplicable phrases, and must file explanatory statement when applicable.)

Before me, the undersigned authority, on this day, personally appeared Gladys Boyd known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that he is acting at the direction and on behalf of the operator of the well identified in this instrument), and that such well was not intentionally deviated from the vertical whatsoever. (~~for the reason described in the attached statement~~).

Gladys Boyd Office Manager
Signature and Title of Affiant

Sworn and Subscribed to before me, this the 2 day of February, 1965.

Betty Wolford
Notary Public in and for Wichita County, Texas.