

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions 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 ☐
2. NAME OF OPERATOR Tennessee Oil Company						5. LEASE DESIGNATION AND SERIAL NO. NM-0384999	
3. ADDRESS OF OPERATOR P.O. Box 1031 Millington, Tenn. 38051						6. IF INDIAN, ALLOTTEE OR TRIBE NAME None	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface Center S.W. 1/4 section 25, T-26-S, R-33-E Lea County New Mexico. At top prod. interval reported below same At total depth same						7. UNIT AGREEMENT NAME None	
14. PERMIT NO.						8. FARM OR LEASE NAME Del-Los Federal	
DATE ISSUED						9. WELL NO. No. 1	
15. DATE SPUNDED 11/5/1971						10. FIELD AND POOL, OR WILDCAT Br 11-1	
16. DATE T.D. REACHED 11/14/1971						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 25	
17. DATE COMPL. (Ready to prod.) P&A 11/15/1971						T-26-S R-33-E	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* K83241 RL3350						12. COUNTY OR PARISH Lea	
19. ELEV. CASINGHEAD None						13. STATE N.M.	
20. TOTAL DEPTH, MD & TVD 5404		21. PLUG, BACK T.D., MD & TVD P&A		22. IF MULTIPLE COMPL., HOW MANY* DEA		23. INTERVALS DRILLED BY 10-5404	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None						25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN BHC-Acoustic and Lateralog						27. WAS WELL CORED Yes	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE 8 5/8	WEIGHT, LB./FT.	DEPTH SET (MD) 300 feet	HOLE SIZE	CEMENTING RECORD 170 Sacks		AMOUNT PULLED	
29. LINER RECORD							
SIZE None	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) None				AMOUNT AND KIND OF MATERIAL USED None			
33.* PRODUCTION							
DATE FIRST PRODUCTION None		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) None				WELL STATUS (Producing or shut-in) P&A	
DATE OF TEST None	HOURS TESTED None	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.) None							
35. LIST OF ATTACHMENTS Two sets of Logs.							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED Doris L. Cannon				TITLE Clerk		DATE 12-20-71	

*(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
DOWN HOLE INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Quaternary	Surface	224	Surface Sand and gravel caliche
Chinle	224	827	Red Sand and shale
Rustler	827	1187	Anhydrite and Dolomite
Salado	1187	4990	Salt with Anhydrite stringers
Basal Anhydrite	4990	5233	Anhydrite
Lamar	5233	5263	Lime and shale
Delaware Sand	5263	5404	Sand with shale stringers
			Core 5273-5318
			Rec. 55' Shaley, fine grained sand bleeding salt water.
			Core 5318-5375
			Rec. 57' very shaley water bearing Sand.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Rustler	827	827
Salado	1187	1187
Basal Anhydrite	4990	4990
Lamar	5233	5233
Delaware Sand	5263	5263

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DEC 20 1971

OIL CONSERVATION COMM.
HOODS, N. M.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. NM 0384999	
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1031, Midland, Texas 79701		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FSL, 1980 FEL, Section 25, T-26-S, R-33-E		8. FARM OR LEASE NAME Del-Lea Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3341' GL		10. FIELD AND POOL, OR WILDCAT Bradley Area	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 25, T-26-S, R-33-E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☒	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) ☐			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Drilled 7-7/8" hole to 5404' Total Depth.

Plug well as follows with neat Class "H".

35 sxs at 5404'
50 sxs at 1100'
35 sxs at 375'
10 sxs surface + installing dry hole marker.

(Verbal approval given by Mr. Brown on 11-14-71)

18. I hereby certify that the foregoing is true and correct

SIGNED

James F. Mc Cormick

TITLE Drilling Engineer

DATE 11-14-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

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OIL CONSERVATION COMM.
HOUSTON, TEX.