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.: NM-07053

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT 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

8. FARM OR LEASE NAME: Mounsey Federal

2. NAME OF OPERATOR: Gulf Oil Corporation

9. WELL NO.: 1

3. ADDRESS OF OPERATOR: P. O. Box 980, Kermit

10. FIELD AND POOL, OR WILDCAT: Wildcat

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 460' from North Line & 660' from West Line
At top prod. interval reported below
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 6, T-25S, R-35E

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: Lea | 13. STATE: New Mexico

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
2-16-66	2-27-66	Completed dry	3347.1 GR	None

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
P&A	P&A	None	→	0 to TD	None

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

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Sonic-Log - Gamma Ray - 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#	370'	12-1/4	240 sx Incor neat w/2% $CaCl_2$	None

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
None		

31. PERFORATION RECORD (*Interval, size and number*): None

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
None	

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
None		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: Sonic Log - Gamma Ray - Lateralog & Deviation Test

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

SIGNED ORIGINAL SIGNED BY: H. F. SWANNACK H. F. Swannack TITLE Area Production Manager DATE May 25, 1966

*(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.
Kelly Bushing		14	
Sand & Red Bed	14	880	
Anhyd. & Dolo.	880	1200	
Salt & Anhyd.	1200	5541	
Shale	5541	5570	
Sand	5570	5673	

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Rustler		880
Base of Salt		5233
Top of Delaware		5541
Top of Sand		5570

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

WELL NAME AND NUMBER Mounsey Federal No. 1

LOCATION Unit D, Sec. 6, T-25S, R-35E, Lea County, New Mexico
(New Mexico give U,S,T&R; Texas give S,Blk.,Surv.& Twp.when required)

OPERATOR GULF OIL CORPORATION

DRILLING CONTRACTOR Johnn Drilling Company

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth	Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
1 372	2 3/4 4888		
1/2 750	1 1/4 5230		
1/2 1000	3/4 5406		
3/4 1314	3/4 5673		
3/4 1790			
3/4 2250			
1/2 2550			
1/2 2959			
1 1/4 3195			
2 3/4 3367			
2 1/2 3520			
2 3/4 3900			
2 3/4 4190			
4 4428			

Drilling Contractor JOHNN DRILLING COMPANY

By D. G. Check

Subscribed and sworn to before me this 1st day of March, 19 66

Joe E. Johnston
Notary Public Joe E. Johnston
Ector County, Texas

My Commission Expires:
1 June 67