

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 Southern Union Expl Co. of TX						5. LEASE DESIGNATION AND SERIAL NO. NM 33030	
3. ADDRESS OF OPERATOR 1217 Main Street, Dallas, TX 75202						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 810' FSL & 1520' FEL At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUDDED 11/7/79						16. DATE T.D. REACHED 11/12/79	
17. DATE COMPL. (Ready to prod.)						18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6138' GL	
19. ELEV. CASINGHEAD 6141'						20. TOTAL DEPTH, MD & TVD 1304'	
21. PLUG, BACK T.D., MD & TVD Surface						22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →						24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None	
25. WAS DIRECTIONAL SURVEY MADE Yes						26. TYPE ELECTRIC AND OTHER LOGS RUN	
27. WAS WELL CORED						28. CASING RECORD (Report all strings set in well)	
CASING SIZE 7"		WEIGHT, LB./FT. NONE		DEPTH SET (MD) 97		HOLE SIZE 8 3/4" 5"	
CEMENTING RECORD Circulated		AMOUNT PULLED 0		29. LINER RECORD		30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		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	
33. PRODUCTION DATE FIRST PRODUCTION None						PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
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 No gas or oil encountered	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records						SIGNED <u>Ronald M. Smith</u> TITLE <u>Drlg & Production Engineer</u> DATE <u>April 29, 1981</u> FARRINGTON DISTRICT	

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

ACCEPTED FOR RECORD

MAY 8 1981
April 29, 1981
FARRINGTON DISTRICTBY RB

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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Kirkland Fruitland Coal P.C.	248' 770' 1147' 1200'	770' 1147' 1200' TD		Kirkland Fruitland Coal	330' 810' 1210'	327' 803' 1201'

38. GEOLOGIC MARKERS