

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 _____		5. LEASE DESIGNATION AND SERIAL NO. LC-066126	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other P&A 10/2/63		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Burk Royalty Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico		8. FARM OR LEASE NAME Hanson "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330 FNL & 1650 FNL, Sec. 26 At top prod. interval reported below At total depth		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Lynch	
DATE ISSUED		11. SEC., T., R., M. OR BLOCK AND SURVEY OR AREA Sec. 26, T208, R34E	
15. DATE SPUDDED 9/26/63		12. COUNTY OR PARISH Lea	
16. DATE T.D. REACHED 10/2/63		13. STATE N. M.	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3695 DF	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 3667	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0 - TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None		CABLE TOOLS	
25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN Acoustilog	
27. WAS WELL CORED Yes		28. CASING RECORD (Report all strings set in well)	
CASING SIZE 8 5/8		WEIGHT, LB./FT. 28#	
DEPTH SET (MD) 233		HOLE SIZE 11	
CEMENTING RECORD 175 Sacks		AMOUNT PULLED None	
29. LINER RECORD		30. TUBING RECORD	
SIZE 8 5/8		TOP (MD) 233	
BOTTOM (MD) 233		SACKS CEMENT* 175	
SCREEN (MD) 11		SIZE 8 5/8	
DEPTH SET (MD) 233		PACKER SET (MD) 233	
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 Acoustilog	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED H. L. Amut TITLE Agent DATE 10/4/63	

*(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		38. GEOLOGIC MARKERS																											
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.																										
Core #1: Yates	3601	3624	Sand & lime. No shows Deviation Surveys: <table border="1"> <thead> <tr> <th>Depth</th> <th>Degrees</th> </tr> </thead> <tbody> <tr><td>240</td><td>0</td></tr> <tr><td>602</td><td>1/4</td></tr> <tr><td>905</td><td>1/4</td></tr> <tr><td>1150</td><td>1/4</td></tr> <tr><td>1447</td><td>1/2</td></tr> <tr><td>2039</td><td>1</td></tr> <tr><td>2347</td><td>1/2</td></tr> <tr><td>2625</td><td>3/4</td></tr> <tr><td>2873</td><td>2</td></tr> <tr><td>3314</td><td>3 1/4</td></tr> <tr><td>3489</td><td>3</td></tr> <tr><td>3601</td><td>3</td></tr> </tbody> </table>	Depth	Degrees	240	0	602	1/4	905	1/4	1150	1/4	1447	1/2	2039	1	2347	1/2	2625	3/4	2873	2	3314	3 1/4	3489	3	3601	3
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