

**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*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____						5. LEASE DESIGNATION AND SERIAL NO. <u>NM 13276</u>	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <u>Plug</u>						6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR <u>Walter W. Krug DBA Wallen Production Company</u>						7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR <u>79701</u>						8. FARM OR LEASE NAME <u>Wallen Federal</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>2310 FAL & 2310 FEL</u> At top prod. interval reported below <u>same</u> At total depth <u>same</u>						9. WELL NO. <u># 5</u>	
14. PERMIT NO. _____ DATE ISSUED <u>12-1-1972</u>						10. FIELD AND POOL, OR WILDCAT <u>North Lynch</u>	
15. DATE SPUDDED <u>12-2-1972</u>				16. DATE T.D. REACHED <u>12-8-1972</u>		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <u>Sec 20, T 20 S, R 34 E</u>	
17. DATE COMPL. (Ready to plug) <u>12-8-1972</u>				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <u>GR 3649'</u>		12. COUNTY OR PARISH <u>Lea</u>	
19. ELEV. CASINGHEAD _____				20. TOTAL DEPTH, MD & TVD <u>3288'</u>		13. STATE <u>New Mexico</u>	
21. PLUG, BACK T.D., MD & TVD <u>3288'</u>				22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY ROTARY TOOLS <u>3288'</u> CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>None</u>						25. WAS DIRECTIONAL SURVEY MADE? <u>TOTCO</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>Gamma Ray Neutron</u>						27. WAS WELL CORED? <u>No</u>	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
<u>9 5/8</u>	<u>29 & 36</u>	<u>1490</u>	<u>12 1/4</u>	<u>500 sacks neat plus</u>		<u>none</u>	
				<u>3% gel & 1# gilsonite</u>			
				<u>Per 5X</u>			
29. LINER RECORD							
SIZE	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)				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) <u>plugged</u>	
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 <u>Walter W. Krug</u>		TITLE <u>Partner</u>			DATE <u>12-14-1972</u>		

*(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.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
None	None	None	No important zones reached, well bottomed in upper most interval	Anhydrite	1505	+	2144
				Top of Salt	1625	+	2024
				Base of Salt	3285	+	364