

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  GAS WELL  DRY  Other \_\_\_\_\_

b. TYPE OF COMPLETION:  
NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESVR.  other Plug out

2. NAME OF OPERATOR Walter W. Krug DBA Wallen Production Co.

3. ADDRESS OF OPERATOR  
P. O. Box 1960, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 990 FEL and 2310 FSL

At top prod. interval reported below

At total depth Same as above

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

5. LEASE DESIGNATION AND SERIAL NO.

NM 13276

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wallen Federal

9. WELL NO.

#9

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 20, T 20S, R 34 E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

15. DATE SPUDDED 8/19/76 16. DATE T.D. REACHED 9/18/76 17. DATE COMPL. (Ready to produce) 9/20/76 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* GR 3649' 19. ELEV. CASINGHEAD GR 3649'

20. TOTAL DEPTH, MD & TVD 3322' 21. PLUG, BACK T.D., MD & TVD 3322' 22. IF MULTIPLE COMPL., HOW MANY\* None 23. INTERVALS DRILLED BY Rotary ROTARY TOOLS \_\_\_\_\_ CABLE TOOLS X

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  
Gamma Ray-Neutron 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
<u>13 3/8"</u>	<u>61</u>	<u>228'</u>	<u>15 1/2"</u>	<u>125 sxs Class "C"</u>	<u>None</u>
<u>10 3/4"</u>	<u>45</u>	<u>657'</u>	<u>12 1/2"</u>	<u>Mudded in</u>	<u>All</u>
<u>8 5/8"</u>	<u>24</u>	<u>1060'</u>	<u>10"</u>	<u>Mudded in</u>	<u>All</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)

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

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

SIGNED Walter W. Krug TITLE Engineer DATE 10/3/76

\*(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 25, 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 33.

**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: "Stacks Comments":** 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 DRIFT INTERVAL, RESER, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Santa Rosa	855'	1005'	

**38. GEOLOGIC MARKERS**

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Anhydrite	1514'	1514'
Top of Salt	1638'	1638'
Base of Salt	3272'	3272'