

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 <u>Temp. Abandon</u>
b. TYPE OF COMPLETION:					
NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR Cactus Drilling Corporation					
3. ADDRESS OF OPERATOR P.O. Box 32, Midland, Texas					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' From West Line and 330' From South Line At top prod. interval reported below Same At total depth Same					
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED 2-28-65		16. DATE T.D. REACHED 5-13-65		17. DATE COMPL. (Ready to prod.)	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3954 GR 3964 KB		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 11,960		21. PLUG, BACK T.D., MD & TVD 5100		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 200-TD				ROTARY TOOLS 0-200	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma - Ray - Acoustic and Lateralog				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
13 3/8	35.64	391	17 1/2"	375 Sacks	
8 5/8	24 & 32 #	5120	11"	400 Sacks	
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) T.A.
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.
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>Donald E. Thomas</u>		TITLE <u>Land Manager</u>		DATE <u>6-21-65</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.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Atoka	11,136	11,515	DST # 1 227-315, op 3 hrs, all blow air 12 mins, inc. to medium blow throughout test, no GTS, rec 1570' WC, 290' GCM & 180 GBSW, 131P 4107 # 1 hr, FP 604-697#, F31P 3367# 1 hr.	Yates	2937	Same
				Queen	3630	"
				San Andres	4190	"
Devonian	11,904	T.D.	DST # 2 905-927, op 30 mins, bypassed tool, re-opened 45 mins, rec 123' drlg fluid, 121P 4573# 1 hr, FP 179-173#, F31P 4484# 1 hr.	Glorieta	5610	"
				Glen Rose	6270	"
				Tubb	6937	"
				Abo	7685	"
				Wolfcamp	9058	"
				Bough "C"	9530	"
Devonian	11,904	T.D.	DST # 3 908-960, op 1 1/2 hrs, rec 2000' WC, 7900' SW with sulf odor, & 90' mud, 131P 4528# 1 hr, FP 1778-4528#, F31P 4528# 1 hr.	Atoka	11,136	"
				Mississippi	11,515	"
				Devonian	11,904	"