

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLIC

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		7. UNIT AGREEMENT NAME					
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. EESVR. ☐ Other _____		8. FARM OR LEASE NAME Heard Cty. "B"					
2. NAME OF OPERATOR Herman J. Ledbetter		9. WELL NO. 4					
3. ADDRESS OF OPERATOR 1002 Sayles Boulevard Abilene, Texas 79605		10. FIELD AND POOL, OR WILDCAT Square Lake GB-SA					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 231S PHL & 66S FEL Sec. 27-16S-30E At top prod. interval reported below At total depth		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 27-16S-30E					
		12. COUNTY OR PARISH Eddy	13. STATE New Mexico				
14. PERMIT NO.	DATE ISSUED						
15. DATE SPUDED 7-5-76	16. DATE T.D. REACHED 7-17-76	17. DATE COMPL. (Ready to prod.) 7-27-76	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3703 RB				
19. ELEV. CASINGHEAD							
20. TOTAL DEPTH, MD & TVD 3103	21. PLUG, BACK T.D., MD & TVD 3177	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY ROTARY TOOLS 0-3193 CABLE TOOLS				
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) Graybury 2948-3029			25. WAS DIRECTIONAL SURVEY MADE No				
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray - Neutron			27. WAS WELL CORED No				
CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
8 5/8"	24	475	11"	100 sacks	0		
4 1/2"	10.5	3109	7 7/8"	200 sacks	0		
29. LINER RECORD			30. TUBING RECORD				
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	3074	
31. PERFORATION RECORD (Interval, size and number) 2948-33, 2990-59, 3001-33, 3007-92, 3012-14, 3016-20 and 3024-23				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD) 2948-3029	AMOUNT AND KIND OF MATERIAL USED treated w/2500 gal. acid, 45,000 gal. gelled water and 50,000# sand in three stages		
33.* PRODUCTION							
DATE FIRST PRODUCTION 7-27-76		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 7-27-76	HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL. 30	GAS—MCF. TSTM	WATER—BBL. 33(Load)	GAS-OIL RATIO
FLOW. TUBING PRES.	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.) used for fuel						TEST WITNESSED BY Walter Frost	
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 Herman J. Ledbetter			TITLE Operator			DATE 8-18-76	

***(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 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.																	
			<table border="1"> <thead> <tr> <th rowspan="2">NAME</th> <th colspan="2">TOP</th> </tr> <tr> <th>MEAS. DEPTH</th> <th>TRUE VERT. DEPTH</th> </tr> </thead> <tbody> <tr> <td>Salt - Top</td> <td>540</td> <td></td> </tr> <tr> <td>Salt - Bottom</td> <td>1270</td> <td></td> </tr> <tr> <td>Queen</td> <td>2230</td> <td></td> </tr> <tr> <td>San Andres</td> <td>3030</td> <td></td> </tr> </tbody> </table>	NAME	TOP		MEAS. DEPTH	TRUE VERT. DEPTH	Salt - Top	540		Salt - Bottom	1270		Queen	2230		San Andres	3030	
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