

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 ☐		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐
2. NAME OF OPERATOR		King Resources Company					
3. ADDRESS OF OPERATOR		300 Wall Towers West, Midland, Texas 79701					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 1980' FWL, 660' FNL, Sec. 9, T-20-S, R-25-E					
At top prod. interval reported below							
At total depth							
14. PERMIT NO.		DATE ISSUED		9-29-69			
15. DATE SPUNDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)			
9-30-69		11-20-69		Dry hole			
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD		3483 Gr.			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*			
9600		--		--			
23. INTERVALS DRILLED BY		ROTARY TOOLS		CABLE TOOLS			
--		O-TD		--			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE		Yes			
None Encountered		26. TYPE ELECTRIC AND OTHER LOGS RUN		Dual Induction and Proximity Log-Micro, Side Wall Neutron Proximity Density Log			
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)		No			
Casing Size		Weight, LB./FT.		Depth Set (MD)			
20"		24#		30'			
8-5/8"		1193		12-1/4"			
*Ran 1" on Annulus and Cmt. w/ 400 sx. Cement Circ. and approved by U.S.G.S.		In four stages then 150 sx. on last stage.		Conductor			
29. LINER RECORD		30. TUBING RECORD		AMOUNT PULLED			
SIZE		TOP (MD)		BOTTOM (MD)			
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31. PERFORATION RECORD (Interval, size and number)		32. AGID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		RECEIVED			
None		RECEIVED		FEB-4 1970			
33.*		ARTESIA, NEW MEXICO		O.C.C.			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WATER—BBL. (GPM) or shut-in)			
Dry		--		--			
DATE OF TEST		HOURS TESTED		CHOKE SIZE			
--		--		--			
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE			
--		--		--			
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			
--		--		TITLE Production Analyst			
--		--		DATE 1-25-70			

*(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	NAME	MEAS. DEPTH
Yeso	2460	2497	San Andres Glorieta Yeso Bone Spring Wolfcamp Clisco Strawn Atoka Morrow	728 2292 2452 3285 6387 7663 8234 8935 9361
Morrow	9336	9423		
Morrow	9425	9483		

DST #1 (Yeso) 2460-97', open 70 min. weak blow died in 37 min. Rec. 6' Drilg. water Sample Chamber: no press. no gas, 1920 cc of Drilg. water (Rw=5.4 @ 560 F. 200 ppm). Pit: Rw=5.4 @ 560, 200 ppm.
IHP 682 1 hr. ISIP 137 IFP 30
FFP 681 2 hr. FSIP 41 FFP 30 BHT 860 F.
DST #2 9376-9428', open 4-1/2 hrs. G.T.S. 31 min., 38,000 CF Incr. to 94,000 CF at end of test. Rec. 98' mud (Rw=2.0 @ 450F., 1000 ppm). Spl. Chmbr: 25# press., .3 cu. ft. gas, no fluid, pit: Rw=1.4 @ 620 F., 2000 ppm.
IHP 4577 1 hr. ISIP 2752 IFP 93
FFP 4577 1 hr. 2nd SIP 3779 2nd FFP 93
5 hr. FSIP 3791 FFP 105
BHT 1700 F.
DST #3 (Morrow Sand) 9425-83', open 4 hrs. good blow thruout, rec. 10' mud (Rw=2.4 @ 500F. 4,000 ppm).
IHP 4630 1 hr. ISIP 466 IFP 78
FFP 4630 5 hr. FSIP 1669 FFP 65 BHT 1660 F

Spl. Chmbr: not tested, pressure sent to lab for analysis.