

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)

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

David Fasken

3. ADDRESS OF OPERATOR

608 First National Bank Building, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 660' FNL & 660' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPURRED

6-5-75

16. DATE T.D. REACHED

7-18-75

17. DATE COMPL. (Ready to prod.)

8-8-75

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

3541 K.B.

19. ELEV. CASINGHEAD

3526

20. TOTAL DEPTH, MD & TVD

9800

21. PLUG, BACK T.D., MD & TVD

9646

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

All

CABLE TOOLS

None

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

'Top 9369' Bottom 9397' Morrow

25. WAS DIRECTIONAL
SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Laterolog & Compensated Neutron Formation Density

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"		214	17-1/2"	150 sxs. "Lite" + 100 sxs.	"C"
8-5/8"		3204	12-1/4"	1000 sxs. "Lite" + 35 sxs.	"C"
4-1/2"		9720	7-7/8"	450 sxs. "H"	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	9100'	9100'

31. PERFORATION RECORD (Interval, size and number)

9384-9396 (0.34") - 24

ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

INTERVAL (MD)

No Treatment

AMOUNT AND KIND OF MATERIAL USED

33.*

DATE FIRST PRODUCTION

8-2-75

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Flowing

WELL STATUS (Producing or shut-in)

Shut In

DATE OF TEST

8-8-75

HOURS TESTED

3/4

CHOKE SIZE

16/64"

PROD'N. FOR
TEST PERIOD

Dry Gas

OIL—BBL.

2700

GAS—

WATER—BBL.

GAS-OIL RATIO

Dry Gas

FLOW. TUBING PRESS.

1730

CASING PRESSURE

Packer

CALCULATED
24-HOUR RATE

Dry Gas

OIL—BBL.

Dry Gas

GAS—MCF.

2700

WATER—BBL.

OIL GRAVITY-API (CORR.)

Dry Gas

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

ADF 3644 C-122

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Deviation Surveys, Form 9-331, Form C-122

36. I hereby certify that the foregoing and attached information is complete and correct as compared with available records

SIGNED

James E. Yeley

TITLE

Agent

DATE

8-20-75

*(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.), formations 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.																																				
D.S.T. Summary Attached																																							
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