

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 R.C. Bennett & J. C. Ryan							
3. ADDRESS OF OPERATOR P. O. Box 264, Midland, Texas 79702							
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations) At surface 660' FNL, 1980' FWL At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED				16. DATE T.D. REACHED			
17. DATE COMPL. (Ready to prod.)				18. ELEVATIONS (DF, REB, RT, GR, ETC.)*			
19. ELEV. CASINGHEAD				20. TOTAL DEPTH, MD & TVD			
21. PLUG BACK T.D., MD & TVD				22. IF MULTIPLE COMPL., HOW MANY*			
23. INTERVALS DRILLED BY				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*			
25. WAS DIRECTIONAL SURVEY MADE				26. TYPE ELECTRIC AND OTHER LOGS RUN			
27. WAS WELL CORED				28. CASING RECORD (Report all strings set in well)			
Casing Size		Weight, lb./ft.		Depth Set (MD)		Hole Size	
13 3/8		48#, H-40		300		17 1/2	
8 5/8		24#, K-55		2200		12	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Size		Top (MD)		Bottom (MD)		Depth Interval (MD)	
Sacks Cement*		Screen (MD)		Amount and Kind of Material Used		Amount and Kind of Material Used	
33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)		DATE	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORE.)		TEST WITNESSED BY	
SIGNED		TITLE		DATE			

*(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	TRUE VERT. DEPTH
San Andres	2015	2790	C O R E D I N T E R V A L		
Bone Spring	2790	7702			
3rd Bone Spring	7702	8128			
Wolfcamp Ls	8128	8518			
isco-Canyon Dolo	8518	9179			
Strawn Limestone	9179	9942			
Atoka	9942	10107			
Morrow	10107	10432			
Morrow Clastics	10432	10594			
Lower Morrow Sand	10594	10693			
Barnett	10693				