

Form 9-330
(Rev. 5-63)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

Midwest Oil Corporation

3. ADDRESS OF OPERATOR

1500 Wilco Building

Midland, Texas 79701

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

At surface

1980' FSL & 1980' FWL

At top prod. interval reported below

At total depth same

14. PERMIT NO.

DATE ISSUED

3-20-73

15. DATE SPUDDED

3-28-73

16. DATE T.D. REACHED

5-8-73

17. DATE COMPL. (Ready to prod.)

8-21-73

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

Gr 3310.5

20. TOTAL DEPTH, MD & TVD

11856

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

11,800

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

11856

0

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

11096-11109 Morrow

26. TYPE ELECTRIC AND OTHER LOGS RUN

Acoustic Velocity Neutron & Guard Log

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"	48#	436	17 1/4	450 SX	
9 5/8"	36#	2440	12 1/4	725 SX	Circ 10 SX
4 1/2"	11.6 & 13.5#	11856	7 7/8	400 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	11238	11238

31. PERFORATION RECORD (Interval, size and number)

11096-11109 w/2 SPF

11359-730 w/.43" holes - 33
3 1/8" gun

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
11359-730	5000 gals acid
11359-730	51,720 gals, 13,000# 20/40 Sand
11096-11109	1500 gal 7 1/2% MS & 1000 SCF N ₂ /bbl frac w/12000 gal MS & CO ₂ frac & 12,000# sd

33.* PRODUCTION
DATE FIRST PRODUCTION
8-21-73
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)
Flowing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-21-73	24	3/4"	TSTM	4500	TSTM	TSTM	TSTM
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
400			25	4500	20	56°	

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

vented

35. LIST OF ATTACHMENTS

DST record

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Bonnie Husband

TITLE

Production Clerk

DATE

10-4-73

*(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.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		GEOLOGIC MARKERS	
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		GEOLOGIC MARKERS	
Morrow	11096	11111	See attached for DST record		Del Ls	1658	
"	11356	11366	Sand tested gas		Bone Springs Ls	5164	
"	11427	11480	"		3rd Bone Springs	sd8204	
"	11568	11580	"		Wolfcamp	8642	
"	11724	11730	"		Cisco	9215	
					Strawn	10209	
					Atoka	10583	
					Morrow	10998	