

N. M. O. C. C. COPY

SUBMIT IN DUPLICATE

Form approved
Budget Bureau No. 42-R355.5.UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See instructions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. 3606	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR David Fasken ✓		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 608 First National Bank Bldg., Midland, Texas 79701		8. FARM OR LEASE NAME Lake Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1180' FSL & 345' FWL Sec. 3 At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO.		13. STATE N.M.	
15. DATE SPUDDED 4/18/75		18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 3183 GR	
16. DATE T.D. REACHED 5/25/75		19. ELEV. CASINGHEAD 3183	
17. DATE COMPL. (Ready to prod.) 6/10/75		20. TOTAL DEPTH, MD & TVD 11,212	
21. PLUG, BACK T.D., MD & TVD 11,120		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 10,817-10,836 Morrow	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN CNL-FDC, Dual Laterolog	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well) 200' 5x Halliburton Lite w/1 1/4" Flocele 5x Gilsonite & 2x CACL plus 100' 5x "C" w/2% CACL, 8 Yds Ready Mix 1600' 5x Howco Lite 1 1/2" Flocele w/2% CACL 200' 5x "C" 2% CACL 450' 5x "H" w/5.4" KCl per 5x, .08 Halad-22	
29. LINER RECORD SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD) 13-3/8 48#/Ft 338 17-1/2 8-5/8 24 & 32#/Ft 4212 12-1/2 4-1/2 11.6 & 13.5#/Ft 11,195 7-7/8		30. TUBING RECORD SIZE DEPTH SET (MD) PACKER SET (MD) 2-7/8 10,627 10,627	
31. PERFORATION RECORD (Interval, size and number) 10,817-10,836 w/2 Dml & 2 Densi-Jets per Foot. 19' for 76 holes.		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED	
33. PRODUCTION DATE FIRST PRODUCTION 6/8/75 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Shut-in		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented	
35. LIST OF ATTACHMENTS Electric Logs, Deviation Survey, DST Summary, A.O.F.P.		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.	
SIGNED James E. Yeley		TITLE Agent	
DATE July 11, 1975		DATE July 11, 1975	

*(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) and bottom(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, or 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.)

7. 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
REFER TO D.S.T. SUMMARY				Delaware Sd.	2292	
	1			Bone Spring Lime	4250	
	2			" "	5730	
	3			" "	6390	
				" "	7825	
				Penn Lime	9135	
				Canyon	9320	
				Strawn	9590	
				Atoka	9952	
				Morrow	10,560	
				Barnett Sh.	10,877	