

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 <u>P & A</u>		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR David Fasken						5. LEASE DESIGNATION AND SERIAL NO. NM-25492	
3. ADDRESS OF OPERATOR 608 First National Bank Building, Midland, Texas 79701						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 380' FSL & 1182' FWL At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO. <u>101976</u>						8. FARM OR LEASE NAME Mobil "10" Federal	
15. DATE SPUDDED <u>10-24-75</u>						9. WELL NO. 1	
16. DATE T.D. REACHED <u>12-3-75</u>						10. FIELD AND POOL, OR WILDCAT Indian Basin Morrow	
17. DATE COMPL. <u>12-9-75</u>						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 10, T-21-S, R-24-E	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 4035' GR						12. COUNTY OR PARISH Eddy	
19. ELEV. CASINGHEAD 4035'						13. STATE New Mexico	
20. TOTAL DEPTH, MD & TVD 10,215		21. PLUG, BACK T.D., MD & TVD P & A		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY All	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None						25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN FDC-CNL with Gamma Ray, DLL						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
13-3/8" H-40		48#/ft.		336		17 1/2"	
8-5/8"		32#/ft. &		3000		12 1/4"	
		24#/ft.				250 sxs. Class "C"	
						900 sxs. Howco Lite, 450 sxs. Class "C"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
						SCREEN (MD)	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number) None							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
						U. C. C.	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
						OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS D.S.T. Summary							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>James E. Yeley</u>		TITLE <u>Agent</u>		DATE <u>3-9-76</u>			

*(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: "Seals 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.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
3rd Bone Spring	6739	7141	402			
Wolfcamp Shale	7141	7494	353			
Wolfcamp Lime	7494	8003	509			
Cisco	8003	8043	40			
Cisco Lime	8043	8371	328			
Canyon	8371	9340	969			
Atoka	9340	9817	477			
Morrow	9817					