

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

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

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 & 1980' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

15. DATE SPUNDED

1-30-82

16. DATE T.D. REACHED

3-12-82

17. DATE COMPL. (Ready to prod.)

4-15-82

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

3192.5' G.R.

19. ELEV. CASINGHEAD

3193.5'

20. TOTAL DEPTH, MD & TVD

11,279'

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

11,202'

22. IF MULTIPLE COMPL. HOW MANY*

-

23. INTERVALS DRILLED BY

ROTARY TOOLS

All

CABLE TOOLS

-0-

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

10969' to 10981' Morrow

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL -FDC & D.LL.

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"	54.50	395'	17-1/2"	350 sx Lite+100 sx "C"	None
8-5/8"	24.32	2995'	12-1/4"	900 sx Lite+200 sx "C"	None
4-1/2"	11.60	11269'	7-7/8"	500 sx Lite+700 sx "H"	None
		6967'	7-7/8"	1100 sx Lite+100 sx "C"	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	10,499'	10,499'

31. PERFORATION RECORD (Interval, size and number)

10969' to 10981'

(0.31" dia.-- 24 jets)

(0.39" dia.-- 24 jets)

ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
10969-10981	500 Gals 15% HCl Acid
10969-10981	7500 Gals gelled fluid w/16000 lbs. 20-40 Super preps

33.*

DATE FIRST PRODUCTION

3-25-82

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

Flowing

WELL STATUS (Producing or Shut-in)

Shut-in

DATE OF TEST

5-12-82

HOURS TESTED

24

CHOKE SIZE

16/64

PROD'N. FOR TEST PERIOD

→

OIL—BBL.

-0-

GAS—MCF

576

WATER—BBL.

2

GAS-OIL RATIO

Dry Gas

FLOW. TUBING PRESS.

379

CASING PRESSURE

Pkr.

CALCULATED 24-HOUR RATE

OIL—BBL.

-0-

GAS—MCF

576

WATER—BBL.

-

OIL GRAVITY-API (CORR.)

-

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

Vented

35. LIST OF ATTACHMENTS

Deviation Survey, Form 9-331, & NMOCC Forms C-102 & C-102

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

SIGNED

TITLE

DATE 5-14-82

*(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: "Sack 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	TOP		
					MEAS. DEPTH	TRUE VERT. DEPTH	
Delaware	2365	4525					
Bone Springs Lm	4525	5490					
1st B.S. Sd.	5490	6032					
2nd B.S. Sd.	6032	7630					
3rd B.S. Sd.	7630	8530					
Wolfcamp	8530	9590					
Canyon	9590	9805					
Strawn	9805	10105					
Atoka	10105	10720					
Morrow	10720	11095					
Barnett Sh.	11095	11279	T.D.				