

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions 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 ☒ PLUGGED & ABANDONED
2. NAME OF OPERATOR KIMBELL OIL COMPANY							
3. ADDRESS OF OPERATOR BOX 1097, FARMINGTON, NEW MEXICO 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 640' FNL & 550' FNL SECTION 26, T25N, R6W At top prod. interval reported below _____ At total depth SAME							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 5-9-80				16. DATE T.D. REACHED 5-17-80		17. DATE COMPL. (Ready to prod.) P & A - 5-19-80	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6763 GR 6769 RKB				19. ELEV. CASINGHEAD 6762			
20. TOTAL DEPTH, MD & TVD 3713		21. PLUG, BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY* -		23. INTERVALS DRILLED BY SURF. TO 3713	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* PLUGGED AND ABANDONED						25. WAS DIRECTIONAL SURVEY MADE YES	
26. TYPE ELECTRIC AND OTHER LOGS RUN INDUCTION ELECTRICAL LOG & COMPENSATED DENSITY LOG						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	
8 5/8"	24	235'	12 1/2"	187 sks. 235' to Surf.		NONE	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
NONE					SIZE	DEPTH SET (MD)	PACKER SET (MD)
					NONE		
31. PERFORATION RECORD (Interval, size and number) NONE				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				NONE			
33.* PRODUCTION							
DATE FIRST PRODUCTION NONE		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) NONE					
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—BBL.	WATER—BBL.		OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED E. A. Clement		TITLE PROD. SUPT.		DATE 5-21-80			

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

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	
NO CORES OR DRILL STEM TESTS. SAMPLE EXAMINATION AND ELECTRIC LOGGS REVEALED VERY MINOR SHOWS OF GAS IN THE PICTURED CLIFFS AND CHACRA FORMATIONS WELL HAS BEEN PLUGGED AND ABANDONED. MUD PIT HAS BEEN FENCED. LOCATION AND PITS WILL BE LEVELED AND PREPARED FOR RE-SEEDING AFTER MUD IN PIT DRIES.		SAN JOSE FMTN.	SURFACE	
		OTO ALAMO S.S.	2115	2115
		KIRTLAND SH.	2284	2284
		FRUITLAND SH.	2500	2500
		PICTURE CLIFFS S.S.	2670	2670
		LEWIS SH.	2687	2687
		CHACRA S.S.	3508	3508
		TOTAL DEPTH	3713	3713