

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved by
Budget Bureau No. 42-R335.5.

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:
KERN COUNTY LAND CO3. ADDRESS OF OPERATOR:
418 FIRST STATE BANK BLDG, MIDLAND, TEXAS4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface
660' FNL 5 1980' FEL SEC. 23, UNIT 13 NW/4 NE/4

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 8-20-66 16. DATE T.D. REACHED 8-26-66 17. DATE COMPL. (Ready to prod.) 9-1-66 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4358' KB 19. ELEV. CASINGHEAD -

20. TOTAL DEPTH, MD & TVD 4354 21. PLUG, BACK T.D., MD & TVD 4305 22. IF MULTIPLE COMPL., HOW MANY* - 23. INTERVALS DRILLED BY - ROTARY TOOLS X CABLE TOOLS -

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN 4092 - 4214 SAN ANDRES GR-NEUTRON 27. WAS WELL CORED NO

25.

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	20 #	1825	8 3/4"	350	-
4 1/2"	9.5 #	4354	6 1/4"	330	-

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	4200	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
4092, 99; 4156, 60, 62, 72, 82, 88, 94, 98; 4201, 05, 08, 11, & 14'		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		4092-4214	2000 GALS. N.E. 15% ACID
			30,000 GALS. LEASE CRUDE
			45,000 # SAND

23.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
9-1-66		Flowing				Producing	
DATE OF TEST	NO RS TESTED	CHOKED SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-1-66	3 HRS 25 min	32/64"	→	56	51	NONE	911
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
70	-	→	393	358	NONE	24.5°	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY
VENTED

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 Day Z. Darney TITLE PROD SECRETARY DATE 9-7-66

*(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 well or special basic efforts concerning the use of this form and the manner of report to be submitted, particularly with regard to local, area, or regional procedures and principles, shall be shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22, 23, 24, and 25, below regarding the requirements for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently existing well logs, geologic logs, sample and core analysis, all types of logs, etc., for completion 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 25.

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 12: 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 and 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 53. 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: "Backs Cover": Attached supplemental records for this well should show the details of any multiple stage completion 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:			38. GEOLOGIC MARKERS		
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; COILED INTERVALS; AND ALL LOG-INTERVAL TESTS, INCLUDING DEPTH INTERVAL TESTS, CUSHION TEST, TIME TOOL TEST, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP	BOTTOM			
SAN ANTONIO	4092	4214	YATES	2194	
			SAN ANTONIO	3350	
			PL	3909	