

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on reverse)

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
Walter W. Krug DBA Wallen Production Company

3. ADDRESS OF OPERATOR
Box 1960 Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 2310 FSL & ~~2285~~ FWL, Section 18, T 20 S, R34E
At top prod. interval reported below same as above
At total depth same as above

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPELDED 10-20-75 16. DATE T.D. REACHED 1/16/76 17. DATE COMPL. (Ready to prod.) 1/26/76 18. ELEVATION (S, DF, BKB, RT, GR, ETC.)* GR 3614 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 3562 21. PLUG, BACK T.D., MD & TVD 3562 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS X

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Top = 3330 Bottom = 3522 Yates
25. WAS DIRECTIONAL SURVEY MADE no

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray Neutron
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
16"	32	100	17"	380 sxs class c cmt	0
13 3/8"	72	268	15"	mudded in, pulled	325'
10 3/4"	42	614	12 1/2"	mudded in, pulled	650'
8 5/8"	24 & 28	1100	10"	mudded in, pulled	1100'

29. LINER RECORD 3258' 8" 1150' sxs class						
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)
4 1/2"	2950	3562	60		2 3/8'	3530

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
3516 - 13 = 10 holes (used 0.51" holes)		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3413-- 10 = 10 holes		3513-3516	20,000 # sand
		3410-3413	10,000# sand

33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
3/7/76		pumping				producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
3/8/76	24 hrs			82	TSTM	6	TSTM
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
	60		82	TSTM	6	34.6	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
used for fuel (heater)
TEST WITNESSED BY
Walter W. Krug

35. LIST OF ATTACHMENTS
Gamma Ray Neutron

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED Walter W. Krug TITLE Engineer DATE 3-9-76

*(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: "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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Yates	3360	3416	dolomite, sand	anhydrite	1474	+ 2140
	3467	3514	sand	top of salt	1670	+ 1944
				base of salt	3144	+ 470
				Yates	3314	+ 300

RECEIVED

MAR 23 1976

CIL CONSERVATION COMM.
F. B. I.