

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. LC 069162																									
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> DIFF. RESVR. <input checked="" type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____																									
2. NAME OF OPERATOR MKA Oil Properties				7. UNIT AGREEMENT NAME _____																									
3. ADDRESS OF OPERATOR 505 Midland National Bank Tower, Midland, TX 79701				8. FARM OR LEASE NAME Penrose																									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FNL & 1980' FWL of Sec. 9, T-22-S, R-37-E, Lea County, New Mexico At top prod. interval reported below _____ At total depth _____				9. WELL NO. 1																									
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Drinkard																									
15. DATE SPUDDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) 4/21/75				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 9, T-22-S, R-37-E																									
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3429 DF				12. COUNTY OR PARISH Lea																									
19. ELEV. CASINGHEAD _____				13. STATE New Mexico																									
20. TOTAL DEPTH, MD & TVD _____		21. PLUG, BACK T.D., MD & TVD PBTD 7058'		23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS _____																									
22. IF MULTIPLE COMPL., HOW MANY* _____				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6278'-7046' Drinkard																									
25. WAS DIRECTIONAL SURVEY MADE No				26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron																									
27. WAS WELL CORED _____				28. CASING RECORD (Report all strings set in well)																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>CASINO SIZE</th> <th>WEIGHT, LB./FT.</th> <th>DEPTH SET (MD)</th> <th>HOLE SIZE</th> <th>CEMENTING RECORD</th> <th>AMOUNT PULLED</th> </tr> </thead> <tbody> <tr> <td>13 3/8</td> <td>60# 1 ft.</td> <td>1172</td> <td>17"</td> <td>1300 sacks</td> <td></td> </tr> <tr> <td>9 5/8"</td> <td>36&40#1 ft</td> <td>4142</td> <td>12"</td> <td>750 "</td> <td></td> </tr> <tr> <td>7"</td> <td>23&26#1 ft</td> <td>8224</td> <td>8 7/8"</td> <td>1100 "</td> <td></td> </tr> </tbody> </table>						CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	13 3/8	60# 1 ft.	1172	17"	1300 sacks		9 5/8"	36&40#1 ft	4142	12"	750 "		7"	23&26#1 ft	8224	8 7/8"	1100 "	
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29. LINER RECORD																													
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)																									
30. TUBING RECORD																													
SIZE	DEPTH SET (MD)	PACKER SET (MD)																											
2 7/8"	6250'																												
31. PERFORATION RECORD (Interval, size and number)																													
6713', 6740', 6760', 6780', 6805', 6814' 6837', 6855', 6870', 6917', 6937', 6956' 7000', 7015', 7046', 6278', 6309', 6341', 6403', 6437', 6467', 6500', 6532', 6564',																													
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																													
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED																										
6713'-7046'			1 JSPF, Acidize w/5000gals.																										
6278'-6564'			1 JSPF, Acidize w/5250gals																										
33. PRODUCTION																													
DATE FIRST PRODUCTION _____		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut in) Producing																									
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.																								
	24 hrs.	32/64"	→		410																								
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.																								
		→																											
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 <u>Michael J. ...</u>		TITLE <u>Supervisor</u>		DATE <u>5/31/76</u>																									

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