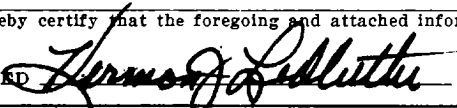


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See otl.
structions 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 _____		
2. NAME OF OPERATOR Herman J. Ledbetter									
3. ADDRESS OF OPERATOR 1002 Sayles Boulevard Abilene, Texas 79605									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650 FWL & 660 FSL At top prod. interval reported below At total depth									
14. PERMIT NO.			DATE ISSUED						
15. DATE SPUDDED 1-18-78			16. DATE T.D. REACHED 1-25-78		17. DATE COMPL. (Ready to prod.) 2-10-78		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3282 GR	19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 3800		21. PLUG, BACK T.D., MD & TVD 3727		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY → 0-3800		ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Queen								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
8 5/8"		28#		1176		11"		450 sacks	
4 1/2"		10.50#		3790		7 7/8"		335	
29. LINER RECORD									
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD				
					SIZE	DEPTH SET (MD)	PACKER SET (MD)		
					2 3/8	3658	None.		
31. PERFORATION RECORD (Interval, size and number) 3570-73, 3579-84 & 3622 1/2-29 1/2					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
					DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED		
					3570-3629 1/2		treated w/2,000 gal 15% acid, 20,000 gal Mini-Max I, 27,500# sand in 2 equal stages.		
33.* PRODUCTION									
DATE FIRST PRODUCTION 2-13-78		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping					WELL STATUS (Producing or shut-in) Producing		
DATE OF TEST 2-26-78	HOURS TESTED 24 hrs	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL. 28	GAS—MCF. TSTM	WATER—BBL. 22 (load)	GAS-OIL RATIO		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL. 28	GAS—MCF. TSTM	WATER—BBL. 22 (load)	OIL GRAVITY-API (CORR.) 36			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							TEST WITNESSED BY Walter J. Frost		
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 			TITLE Operator			DATE 3-1-78			

*(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			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Queen	3570	3629 1/2	Oil zone	Rustler	1144	
				Salt	1252	
				Queen	3535	