

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL, GAS, DRY, Other

b. TYPE OF COMPLETION: NEW WELL, WORK OVER, DEEP-EN, PLUG BACK, DEF. RESER., Other

2. NAME OF OPERATOR: Hughes & Hughes

3. ADDRESS OF OPERATOR: P. O. Drawer 669, Beeville, Texas 78102

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface: 2640' from North Line 4 100' from West Line.
At top prod. interval reported below:
At total depth:

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE STUDDED: 12-12-66

16. DATE T.D. REACHED: 12-13-66

17. DATE COMPL. (Ready to prod.): 6483' gr.

18. ELEVATIONS (of R.R., ht. gn. etc.): 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD: 733'

21. PLUG BACK T.D., MD & TVD: _____

22. IF MULTIPLE COMPL., HOW MANY? _____

23. INTERVALS DRILLED BY: _____

24. PRODUCING INTERVAL(S), OR THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD): _____

25. WAS DIRECTIONAL? No

26. TYPE ELECTRIC AND OTHER LOGS RUN: _____

27. WAS WELL CORED? No

28. TYPE ELECTRIC AND OTHER LOGS RUN: _____

29. LINER RECORD: _____

30. TUBING RECORD: _____

31. PERFORATION RECORD: _____

32. PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump): _____

33. DATE FIRST PRODUCTION: _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): _____

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: *R. J. Baker*
TITLE: Office Manager
DATE: 3-15-67

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

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED: *R. J. Baker*
TITLE: Office Manager
DATE: 3-15-67

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 83, 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 issued 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 POROSITY ZONES:
 SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND APL 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	TOP	FROM WEST DEPTH