

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 _____		7. UNIT AGREEMENT NAME <i>Mesa Creek</i>	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		8. FARM OR LEASE NAME <i>FEDERAL</i>	
2. NAME OF OPERATOR <i>R. E. Sullivan</i>		9. WELL NO. <i>#1</i>	
3. ADDRESS OF OPERATOR <i>PO Box 3564 Reno NV</i>		10. FIELD AND POOL, OR WILDCAT <i>WET DRAIN</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <i>1750 Fm 990' FFL</i> At top prod. interval reported below At total depth <i>same</i>		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <i>S. 28, R. 17, E. 3-0</i>	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED <i>4-30-79</i>		16. DATE T.D. REACHED <i>5-3-82</i>	
17. DATE COMPL. (Ready to prod.) <i>5-3-82</i>		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* <i>7159 EL</i>	
19. ELEV. CASINGHEAD <i>7159 EL</i>		20. TOTAL DEPTH, MD & TVD <i>6495</i>	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		CABLE TOOLS	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN	
27. WAS WELL CORED			

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<i>8 7/8"</i>	<i>30#</i>	<i>300'</i>	<i>12 1/4"</i>	<i>300-25</i>	

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Initial size and interval)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
APR 06 1982 OIL CON. DIV. DIST. 3		DEPTH INTERVAL (MD)	
		AMOUNT AND KIND OF MATERIAL USED	

33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in) <i>P. H.</i>	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
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 *R. E. Sullivan* TITLE *Partner-Operator* DATE *4-6-84*

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

**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 38, below regarding separate reports for separate completions.

it not filed prior to the time this summary record is submitted, copies of all currently available logs (uniners, reloggers, sample and core analysis), and copies of all other reports, test results, 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 the instructions, or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) and the corresponding elevation for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**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:** "Sticks (cement)": Attached supplemental records for this well should show the details or any multiple sack cementing and the location or the cementing zone.

**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.)

DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
1. Blue clay	1415					
2. Yellow clay	2000					
3. Green clay	2775					
4. Brown clay	3476					
5. Black clay	4005					
6. Brown clay	4950					
7. Yellow clay	6500					