

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
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 <u>Dual Completion</u>
2. NAME OF OPERATOR R. W. WARNER et al.					
3. ADDRESS OF OPERATOR 414 BRADY STREET, DAVENPORT, IOWA					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*					
At surface 1130' from North & 1130' from East lines of					
At top prod. interval reported below Section 10, T22N, R8W					
At total depth SAME					
14. PERMIT NO. _____ DATE ISSUED _____					
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)	
REWORK STARTED 6/10/66		6/13/66		6854 DF	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
5855		5868		2	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*				25. WAS DIRECTIONAL SURVEY MADE	
Gallup 4777 to 4839 Dakota 5637 to 5644				Commingled in well bore. N. Mex. Oil Commission Order No. R-3066	
26. TYPE ELECTRIC AND OTHER LOGS RUN				27. WAS WELL CORED	
none				no	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	
9 5/8"	36	299	11"	300 sacks	
5 1/2"	14 & 15.5	5854	7 7/8"	650 sacks	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					31. PERFORATION RECORD (Interval, size and number)
SIZE	DEPTH SET (MD)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
2 3/8"	5868	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)
6-13-66		Pumping 2x1 1/2x10 R.W.B.			Producing
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
5-15-66	24	-	→	11	TSTM
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
-	-	→	11	TSTM	00
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				TEST WITNESSED BY	
Vented				H. H. Henry	
35. LIST OF ATTACHMENTS					
None					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED E. A. Clement		TITLE Agent for R. W. Warner		DATE 6/16/66	

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

RECEIVED

JUN 20 1966

RECEIVED

JUN 21 1966

OIL CON. COM. DIST. 3

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, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item g5.

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 zone (interval(s), 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: "Soils 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	NAME	MEAS. DEPTH
BOTTOM		TRUE VERT. DEPTH	