DATE FIRST PRODUCTI	ON PRODU	TION METHOD (Flo	wing, gas lift, p	umping—size and t	ype of pump)	W	ELL STAT	UB (Producing or
5-15-81		flowing					***************************************	WOPL
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR	OIL-BBL.	GAS-MCF.	WATER-	-BBL.	GAS-OIL RATIO
5-15-81	24	3/4	TEST PERIOD	180	400	- - (0	2222
FLOW, TUBING PRESS.	CASING PRESSUR	CALCULATED	OIL-BBL.	GAS-MCF.	WATE	R-BBL.	DIL	GRAVITY-API (CORR.)
50	600	24-HOUR RATE	180	400	-	0 `	- 1	41
34. DISPOSITION OF G	AB (Sold, used for	fuel, vented, etc.)				TEST W	ITNESSED	BY
		vente	d			Jo	e Elle	edge
35. LIST OF ATTACH	MENTS							

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

TITLE SIGNED Curtis

May 20, 1981 DATE _

NSTRUCTIONS

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.), formationally in the summary record is submitted.

tion and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations, should be listed on this form, see item 35. All attachments

or Federal office for specific instructions.

Hem 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

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, interval 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.

Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

		NAMS	MEAS, DEPTH	TRUE VEHT, DEPTH
		Ojo Alamo	2846	same
		Kirkland	2981	ı
		Fruitland	3105	
		Pictured Cliffs	3337	
		Lewis	3475	
		Chacra	4220	
		Cliff House	5012	
		Menefee	5033	
-		Point Lookout	5538	
-		Mancos	5686	
		Gallup	6623	
	Apply statements and the second control of t	Greenhorn	7479	***************************************
		Graneros	7536	
-		Dakota	7558	
		TD	7888	