

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 <input type="checkbox"/>                                    | GAS WELL <input type="checkbox"/>  | DRY <input checked="" type="checkbox"/>        | Other <input type="checkbox"/>     |  |                                    |
| b. TYPE OF COMPLETION:  |  | NEW WELL <input type="checkbox"/>                                    | WORK OVER <input type="checkbox"/> | DEEP-EN <input type="checkbox"/>               | PLUG BACK <input type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/>  | Other <input type="checkbox"/>     |
| 2. NAME OF OPERATOR   |  |  |                                    |  |                                    |  |                                    |
| 3. ADDRESS OF OPERATOR  |  |  |                                    |  |                                    |  |                                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with State requirements)*  |  |  |                                    |  |                                    |  |                                    |
| At surface  |  |  |                                    |  |                                    |  |                                    |
| At top prod. interval reported below  |  |  |                                    |  |                                    |  |                                    |
| At total depth  |  |  |                                    |  |                                    |  |                                    |
| 14. PERMIT NO.  |  |  |                                    | DATE ISSUED                                    |                                    |  |                                    |
| 15. DATE SPUDDED  |  | 16. DATE T.D. REACHED  |                                    | 17. DATE COMPL. (Ready to prod.)               |                                    | 18. ELEVATIONS (DF, RKB, RT, GR, etc.) |                                    |
| 1-27-63   |  | 4-8-64   |                                    | 4-9-64   |                                    | 5100 ft                                |                                    |
| 20. PLUG BACK T.D., MD & TV   |  | 21. IF MULTIPLE COMPL., HOW MANY*                                    |                                    | 22. INTERVALS DRILLED BY                       |                                    | ROTARY TOOLS                           |                                    |
| 1-27-63   |  | 4-8-64   |                                    | 4-9-64   |                                    | CABLE TOOLS                            |                                    |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*   |  |  |                                    |  |                                    | 25. WAS DIRECTIONAL SURVEY MADE        |                                    |
| 3751  |  |  |                                    |  |                                    | 1975 to TD 0-1975                      |                                    |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN  |  |  |                                    |  |                                    | 27. WAS WELL CORED                     |                                    |
| None  |  |  |                                    |  |                                    | Yes                                    |                                    |
| 28. CASING RECORD (Report all strings set in well)  |  |  |                                    |  |                                    |  |                                    |
| Electric Ind.   |  |  |                                    |  |                                    |  |                                    |
| CASING SIZE   |  | WEIGHT, LB./FT.  |                                    | DEPTH SET (MD)                                 |                                    | HOLE SIZE                              |                                    |
| 10 3/4  |  |  |                                    | 55   |                                    |  |                                    |
|   |  |  |                                    |  |                                    | to surface                             |                                    |
| 29. LINER RECORD  |  |  |                                    | 30. TUBING RECORD                              |                                    |  |                                    |
| SIZE  |  | TOP (MD)   |                                    | BOTTOM (MD)                                    |                                    | SACKS CEMENT*                          |                                    |
|   |  |  |                                    |  |                                    |  |                                    |
|   |  |  |                                    |  |                                    |  |                                    |
| 31. PERFORATION RECORD (Interval, size and number)  |  |  |                                    | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                                    |  |                                    |
|   |  |  |                                    | 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) |
|   |  |  |                                    |  |                                    |  |                                    |
| DATE OF TEST  |  | HOURS TESTED   |                                    | CHOKE SIZE                                     |                                    | PROD'N. FOR TEST PERIOD                |                                    |
|   |  |  |                                    |  |                                    |  |                                    |
| FLOW. TUBING PRESS.   |  | CASING PRESSURE  |                                    | CALCULATED 24-HOUR RATE                        |                                    | OIL—BBL.                               |                                    |
|   |  |  |                                    |  |                                    |  |                                    |
| 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

TITLE

DATE

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

