

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other side
for instructions on
how to fill out
this form.)Form approved
Budget Bureau No. 42-1360

USE PRESCRIPTION AND SERIAL

- (ND-56)

CAN. ALLOTTEE OR TRIBE NO.

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 ☐					
2. NAME OF OPERATOR		Eastern Petroleum Company										
3. ADDRESS OF OPERATOR		P. O. Box 291, Carmi, Illinois 62821										
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 2310' FSL, 1950' FEL At top prod. interval reported below same At total depth same										
14. PERMIT NO.		DATE ISSUED MAY 23 1972										
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATION (OFF 1000 FT. OR OTHER)*		19. ELEV. CASINGHEAD				
2-15-68		2-20-68		2-20-68		5249 GL		5250'				
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPL. HOW MANY*		23. INTERVALS CEMENTED		24. WAS THIS SURVEY				
694 ft.		694 ft.		single		0-694		0				
24. PRODUCING INTERVAL(S), OF THIS COMPLETION- TOP, BOTTOM, NAME (MD AND TVD)*		671-694					25. WAS THIS SURVEY		yes			
26. TYPE ELECTRIC AND OTHER LOGS RUN		none					27. WAS WELL CORED		no			
28. CASING RECORD (Report all strings set in well)												
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENT SET (MD)		AMOUNT FILLED		
7"		22#		15 ft.		8 3/4		5 sks.		none		
4 1/2"		9.5#		671 ft.		6 1/2		25 sks.		592 ft.		
29. LINER RECORD										30. TUBING RECORD		
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		
none										none		
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, GRAIN, CEMENT SQUEEZE, ETC.		
open hole										DEPT. INTERVAL (MD)		
										none		
33. PRODUCTION										WELL STATUS (Producing or shut-in)		
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					Abandon					
2-21-68		Swab										
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL		GAS—MCF		
2-21-68		12		1"		→		0		TSTM		
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL		GAS—MCF		WATER—BBL		
0		0		→		0		TSTM		16 bls.		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)										TEST WITNESSED BY		
none												
35. LIST OF ATTACHMENTS												
Directional Survey												
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records												
SIGNED		Robert G. Dillig					TITLE		Vice President		DATE	
											5-12-72	

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