

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R355.6.

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 _____ 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 _____				5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-58	
2. NAME OF OPERATOR Stephen H. Kinney				6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
3. ADDRESS OF OPERATOR 207 N. Orchard St., Farmington, N.Y. 37401				7. UNIT AGREEMENT NAME Red Rimpart	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 155'N; 2475'E At top prod. interval reported below At total depth				9. WELL NO. 5	
14. PERMIT NO. _____ DATE ISSUED 1/27/72				10. FIELD AND POOL, OR WILDCAT Hogback	
15. DATE SPURRED 1/28/72 16. DATE T.D. REACHED 2/5/72 17. DATE COMPL. (Ready to prod.) P&A 2/7/72				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA S30; T29N, R16W	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5124				12. COUNTY OR PARISH San Juan 13. STATE N.Y.	
20. TOTAL DEPTH, MD & TVD 804		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		ROTARY TOOLS		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None				25. WAS DIRECTIONAL SURVEY MADE none	
26. TYPE ELECTRIC AND OTHER LOGS RUN None				27. WAS WELL CORED none	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
4 1/2	9.5	767'	6	24 SX	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
31. PERFORATION RECORD (Interval, size and number) PLUGGED AND ABANDONED			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	OIL—BBL.	GAS—MCF.
LOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—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 Stephen H. Kinney		TITLE Operator		DATE 5/25/72	

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

