

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 _____
2. NAME OF OPERATOR Rainbow Resources, Inc.						5. LEASE DESIGNATION AND SERIAL NO. MOO-C-14-20-4438	
3. ADDRESS OF OPERATOR 305 Goodstein Bldg., Casper, Wyoming 82601						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980 FSL and 1980 FSL, Sec. 10, T29N., R17W. At top prod. interval reported below Same as surface At total depth same as surface						7. UNIT AGREEMENT NAME NONE	
14. PERMIT NO. _____ DATE ISSUED _____						9. WELL NO. Nizhonie No. 1	
15. DATE SPUDDED 7/8/72						12. COUNTY OR PARISH San Juan	
16. DATE T.D. REACHED 7/15/72						13. STATE N.M.	
17. DATE COMPL. (Ready to prod.) Dry Hole						18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 4975 Gr.	
19. ELEV. CASINGHEAD _____						20. TOTAL DEPTH, MD & TVD 890	
21. PLUG, BACK T.D., MD & TVD _____						22. IF MULTIPLE COMPL., HOW MANY* _____	
23. INTERVALS DRILLED BY _____						24. ROTARY TOOLS 29'-890'	
25. CABLE TOOLS 0'-29'						26. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NONE: DRY AND ABANDONED	
27. TYPE ELECTRIC AND OTHER LOGS RUN NONE						28. WAS DIRECTIONAL SURVEY MADE _____	
29. TYPE ELECTRIC AND OTHER LOGS RUN NONE						30. WAS WELL CORED _____	
31. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		40		29'		9"	
5 1/2"		14.4		210'		6 3/4"	
32. CEMENTING RECORD							
No Cement							
Cement to Surface							
33. LINER RECORD (NONE)							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
34. TUBING RECORD (NONE)							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
35. PERFORATION RECORD (Interval, size and number)							
(NONE)							
36. EFFECT OF SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPT. N. INTERVAL (MD) _____ AMOUNT AND KIND OF MATERIAL USED _____							
(NONE)							
37. PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)							
DATE FIRST PRODUCTION (NONE)							
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.		WATER—BBL.		GAS-OIL-RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL GRAVITY-API (CORR.)	
38. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
TEST WITNESSED BY _____							
39. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>M. A. Kell</u>		TITLE <u>Chief Person</u>		DATE <u>7-27-72</u>			

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

(OVER)

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

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, 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. **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	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
Callup	80	115	Sandstone, flowed water w/ high H ₂ S content	Callup Sandstee	80 357	
Dakota	847	?	Sandstone, Flowed water immediately after the porosity was reached @ 852'.	Greenhorn Dakota Total Depth	773 847 890	