

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other side
for instructions on
filling out this
form.)Form 9-330, 1963
Budget Project No. 42 Re 15.

FIELD DESIGNATION SERIAL NO.

IF INDIAN ALLIANCE (If so, give name)

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

Stephen H. Kinney

3. ADDRESS OF OPERATOR

207 N. Orchard Farmington NY 51401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 900/N; 1155/W

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUNDED

12/15/72

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

6/30/73 PRA

18. ELEVATIONS (If BSE, etc., give)

5123 ft

20. TOTAL DEPTH, MD & TVD

851

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL. HOW MANY*

23. INTERVAL PRODUCED

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

NONE

26. TYPE ELECTRIC AND OTHER LOGS RUN

NONE

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
		NONE		

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AS STANNED

33. PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

NONE

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	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

2/7/74

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

