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

TITLE Drilling Supervisor

MMOCE

Well Schematic, Deviation Record

36. I bereby certify that the foregoing and attached information is complete and correct as determined from all available records

80 psi

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented for testing

80 psi

SIGNED _

35. LIST OF ATTACHMENTS

FARMINGTON DISTRICT

DATE 010/08080

ACCEPTED FOR RESORD

TEST WITNESSED BY

Piece

BY.

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 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.), formashould be listed on this form, see item 35.

All attachments

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

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 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.)

	FORMATION TOP BOTTOM DESCRIPTION CONTENTS TO	TOP	BOTTOM	DESCRIPTION CONTENTS STO	
tured Cliffs 1700' three dliffs 3280' Lookout 4142' cos 5323' enhorn 6060' neros Ss 6166' ota 6242'				CONTRACTOR DEC.	
tured Cliffs 1700' ffhouse 3280' Lookout 4442' 406' cos 5323' enhorn 6060' neros 6120' neros \$ 6166' ota 6242'					MEAS, DEPTH
ffhouse Lookout cos lup enhorn neros ota	Pictured Cliffs	1700'			
Lookout cos lup enhorn neros neros Ss ota	Cliffhouse	3280'			•
cos lup enhorn neros ota		4142'		•	
	\circ	4406'			
	Sallup	53231			,
	Greenhorn	6060'			
	Graneros	6120'			
	Graneros Ss	6166'			
	Dakota	6242'	-		
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