

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. RESRV. ☐ Other ☐		7. UNIT AGREEMENT NAME None	
2. NAME OF OPERATOR J. L. Jacobs		8. FARM OR LEASE NAME Clark Kent	
3. ADDRESS OF OPERATOR 1000 E. 1st St.		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1000 E. 1st St. At top prod. interval reported below AS ABOVE At total depth AS ABOVE		10. FIELD AND POOL, OR WILDCAT Salt Creek Dakota	
14. PERMIT NO. AS ABOVE		DATE ISSUED MAR 1 1968 U. S. GEOLOGICAL SURVEY CARMINGTON, N.	
15. DATE SHUT IN 7/7/68	16. DATE T.D. REACHED 7/6/68	17. DATE COMPL. (Ready to prod.) 3/5/68	18. ELEVATIONS (DF, RKE, RT, GB, ETC.)* 5060' Gr.
20. TOTAL DEPTH, MD & TVD 1065' 3.8.		21. PLUG, BACK T.D., MD & TVD 1065' 3.8.	22. IF MULTIPLE COMPL., HOW MANY* 1
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1064' - 1065'			25. WAS DIRECTIONAL SURVEY MADE No
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
7"	20#	10'	8 3/4"
1 1/2"	11.3	1064'	8 5/8"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
RECEIVED MAR 12 1968 OIL CON. COM. DIST. 2		DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED	
33. PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flow, gas lift, pumping—size and type of pump)	
3/7/68		Flowing	
DATE OF TEST		WELL STATUS (Producing or shut-in)	
3/8/68		Producing	
HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.
20		29	TSTM
GAS—MCF.	WATER—BBL.	GAS—OIL RATIO	
TSTM	---	TSTM	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL GRAVITY-API (CORR.)
		35	58° est.
DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			TEST WITNESSED BY
Vented			J. L. Jacobs
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		DATE	
Original signed by J. L. Jacobs		3/8/68	
TITLE		DATE	
Operator		3/8/68	

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

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 53, 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	TRUE VERT. DEPTH
				Sample Tops		
				Gallup	470'	
				Greenhorn	930'	
				Graneros	990'	
				Dakota	1047'	