

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

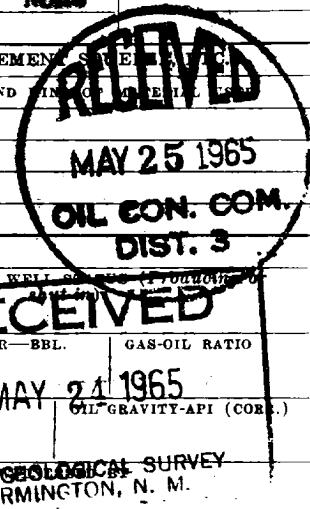
SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

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 _____										5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-8350				
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____										6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo				
2. NAME OF OPERATOR Amox Petroleum Corp.										7. UNIT AGREEMENT NAME Navajo				
3. ADDRESS OF OPERATOR 507 Enterprise Building, Tulsa, Oklahoma										8. FARM OR LEASE NAME Navajo				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' fnl 1980' fcl Sec. 18 T31N R17W At top prod. interval reported below At total depth										9. WELL NO. 18-7				
14. PERMIT NO. _____ DATE ISSUED _____										10. FIELD AND POOL, OR WILDCAT Wildcat				
15. DATE SPICEDD 4/24/65 16. DATE T.D. REACHED 4/25/65 17. DATE COMPL. (Ready to prod.) _____										11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 18 T31N R17 W				
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5206.65 GR 19. ELEV. CASINGHEAD 5206.65										12. COUNTY OR PARISH San Juan 13. STATE New Mexico				
20. TOTAL DEPTH, MD & TVD 1100' 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)* _____				
25. WAS DIRECTIONAL SURVEY MADE _____										26. TYPE ELECTRIC AND OTHER LOGS RUN Schlumberger Induction - G. R. - Formation Density				
27. WAS WELL CORED No										28. CASING RECORD (Report all strings set in well)				
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED				
5 1/2		15.5		20'		6 3/4		2 sk		None				
29. LINER RECORD						30. TUBING RECORD								
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		PACKER SET (MD)				
				None						None				
31. PERFORATION RECORD (Interval, size and number) None						32. ACID, SHOT, FRACTURE, CEMENT, SUE, HEAVY, ETC. DEPTH INTERVAL (MD) _____ AMOUNT AND _____ None								
33.* PRODUCTION														
DATE FIRST PRODUCTION _____			PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____						WELL _____					
DATE OF TEST _____		HOURS TESTED _____		CHOKE SIZE _____		PROD'N. FOR TEST PERIOD _____		OIL—BBL. _____		GAS—MCF. _____				
FLOW. TUBING PRESS. _____		CASING PRESSURE _____		CALCULATED 24-HOUR RATE _____		OIL—BBL. _____		GAS—MCF. _____		WATER—BBL. _____				
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____														
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 Original signed by T. A. Dugan				TITLE Agent				DATE 5/21/65						



*(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 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary report 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, local laws 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; COBED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
Callup	805	
Sanostee	1050	