

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 KIMBARK OPERATING CO.						APR 8 1974					
3. ADDRESS OF OPERATOR 1100 Denver Center Bldg., Denver, Colorado 80203											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1450' From East Line, 800' From South Line At top prod. interval reported below At total depth											
13. DATE SPUDDED 12/8/73		16. DATE T.D. REACHED 12/14/73		17. DATE COMPL. (Ready to prod.) 4/1/74		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6390 K.B.		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 3290		21. PLUG, BACK T.D., MD & TVD 3260		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY →		ROTARY TOOLS 0 - TD			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3120-3147								25. WAS DIRECTIONAL SURVEY MADE No			
26. TYPE ELECTRIC AND OTHER LOGS RUN IES - FDC								27. WAS WELL CORED No			
28. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENT SET (MD)		AMOUNT PULLED	
8 5/8		24		274		12 1/4		Circ.			
4 1/2		9.5#		3281		7 7/8		450 SXS.			
29. LINER RECORD										30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE	
										2"	
										3117	
31. PERFORATION RECORD (Interval, size and number) 2 jets/foot 3120-3147						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
						DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
						3120-47		40,000# Sand & Water			
33.* PRODUCTION											
DATE FIRST PRODUCTION 2/10/74		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) S.I.					
DATE OF TEST 2/25/74		HOURS TESTED 6		CHOKE SIZE 3/4		PROD'N. FOR TEST PERIOD →		OIL—BBL. 2,984		GAS—MCF. 0	
FLOW. TUBING PRESS. 226		CASING PRESSURE 574		CALCULATED 24-HOUR RATE →		OIL—BBL.		GAS—MCF.		WATER—BBL.	
										OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)								TEST WITNESSED BY B. Dintleman			
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 W. K. Arbuckle		TITLE President						DATE 4/3/74			

*(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 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 33.

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
				OJO ALAMO	1822	
				KIRTLAND	2052	
				FRUITLAND	2659	
				PICTURED CLIFFS	3118	
				TD DRILLER	3300	
				TD SCHLUMBERGER	3290	