

LOGS OF WELLS

1. DATE OF LOGGING

2. IF INDIAN, ALLOTTEE OR TRIBE NAME

3. UNIT AGREEMENT NAME

4. FARM OR LEASE NAME

5. WELL NO.

6. FIELD OR WILDCAT NAME

7. SEC. T. R. M. OR BLK. AND SURVEY OR AREA

8. COUNTY OR PARISH

9. STATE

10. ELEVATIONS (SHOW DF, KDB, AND WD)

11. 6054 GR

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA

13. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

14. TEST WATER SHUT-OFF

15. FRACTURE TREAT

16. SHOOT OF ACIDIZE

17. REPAIR WELL

18. RUN OR ALTER CASING

19. WELL COMPLETE

20. CHANGE ZONES

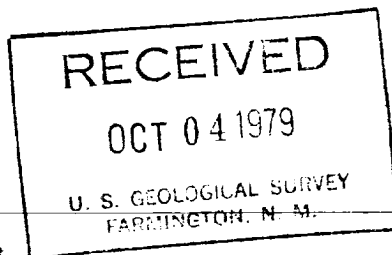
21. ABANDON

22. REVISIONS TO ADD

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Install 6" 900 series Double Ram BOP. Test before drilling out from under surface pipe. Test pipe rams daily. Test blind rams on trips.
2. Drill 7 7/8" hole to 90'. Run 90' of 5 1/2", 15.5#, K-55 surface casing. Cement with 75 sacks class "B" cement with 2% CaCl. Circulate cement.



Subsurface Safety Valve: Manu. and Type

Set @ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED: H. D. HOLLINGSWORTH TITLE: DRLG & PROD FOREMAN DATE: October 2, 1979

This space for Federal or State office use.

APPROVED: TITLE: DATE:

*See instruction on Reverse Side

NMOCC

06/20