

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 *

5. LEASE DESIGNATION AND SERIAL NO.

14 20 609 9036

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Savajo

7. UNIT AGREEMENT NAME

1a. TYPE OF WELL:

OIL WELL [X] GAS WELL [] Other []

b. TYPE OF COMPLETION:

NEW WELL [] WORK OVER [] DEEP-EN [] PLUG BACK [] DIFF. RESVR. [] Other Re-drill of 1-9

2. NAME OF OPERATOR

SHIPROCK CORPORATION

3. ADDRESS OF OPERATOR

Box 14274 Oklahoma City Okla

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface This is a re-drill of well #9 located 660 YTB & 1690 YSB

At top prod. interval reported below See 17. Well 9X is located 80 ft N of 9.

At total depth

same

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

13. STATE

San Juan

NM

15. DATE SPUNDED

7 6 67

16. DATE T.D. REACHED

7 6 67

17. DATE COMPL. (Ready to prod.)

fracked 5 1 68

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

5895 G1

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

100'

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL. HOW

23. INTERVALS

ROTARY TOOLS

CABLE TOOLS

Rotary

0

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)

Open hole - 91'-100' - sand stringers

25. WAS DIRECTIONAL SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

none

27. WAS WELL CORED

91 - 100

28. CASING RECORD (Report all strings set in well)

Table with columns: CASING SIZE, WEIGHT LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Row 1: 5 1/2", 144, 91', 7 7/8, Circulated.

29. LINER RECORD

Table with columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD). Row 1: none.

30. TUBING RECORD

Table with columns: SIZE, DEPTH SET (MD), PACKER SET (MD). Row 1: 2" - 11 1/2" line pipe - 100' 98' in hole.

31. PERFORATION RECORD (Interval, size and number)

well fracked in open hole interval

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Table with columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Row 1: 91-100' - fracked with 1 1/2" bbl oil, Admate, 4500' sand.

33.* PRODUCTION

Table with columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKE SIZE, PROD'N. FOR TEST PERIOD, OIL-BBL., GAS-MCF., WATER-BBL., GAS-OIL RATIO, FLOW. TUBING PRESS., CASING PRESSURE, 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 C F Stringer

35. LIST OF ATTACHMENTS Jensen - equipped w 1/4 HP motor

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

SIGNED [Signature] TITLE Prod Supt DATE 6 24 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 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 35.

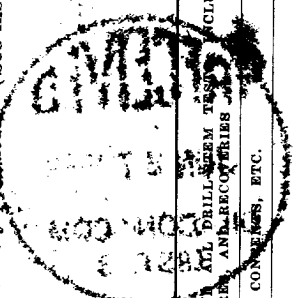
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

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.)



FORMATION	TOP	BOTTOM	DESCRIPTION, CONNECTIONS, ETC.
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 PRESSURE, AND RECORDS.			
38. GEOLOGIC MARKERS			
	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH