

**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 ☐	GAS WELL ☒	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐		
			DIFF. RESVR. ☒	Other _____			
2. NAME OF OPERATOR MITCHELL ENERGY CORPORATION							
3. ADDRESS OF OPERATOR 555 17th Street - Suite 3500 Denver, CO 80202							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*							
At surface 890' FNL & 1060' FEL (NENE)							
At top prod. interval reported below same							
At total depth same							
14. PERMIT NO.		DATE ISSUED					
30-039-22598							
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)			
1/23/81		3/12/81		8/28/90			
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD					
6854' KB		6841' GR					
20. TOTAL DEPTH, MD & TVD		21. PLUG BACK T.D., MD & TVD		22. IF MULTIPLE COMPLETIONS, SHOW HOW MANY*			
8656'		3912'		23. INTERVALS DRILLED BY			
				ROTARY TOOLS XXX			
				CABLE TOOLS			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)					25. WAS DIRECTIONAL SURVEY MADE		
3610'-3720' (OA)					no		
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED		
OBL/VDL, After-Frac NGT					no		
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
10-3/4"	40.5#	329'		400 sxs Class B	none		
7"	26#	4229'		250 sxs 65/35 poz & 450	none		
				sxs Class B			
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4-1/2"	3990'	8654'	450-50/50 pos	NA	2-3/8"	3686'	NA
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
3698'-3720' (44 holes)		DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
3649'-3658'		3698'-3720'		Frac w/73458 gal gel & 33222#			
3640'-3644'				40/70 sd & 165270# 20/40 sd			
3610'-3616'		3610'-3653'		Frac w/15750 gal gel & 5082# sd			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
8/28/90		Flowing				SI	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9/15/90	24	16/64	→	0	266	28	NA
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
192	335	→	0	266	28	NA	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
Gas was vented to atmosphere							
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 <u>James C. Anderson</u>		TITLE <u>District Production Manager</u>					

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

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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 the instructions should be obtained from the local Federal and/or State office.

tion 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.

Item 29: "Sacks Cement". Attached separately produced, showing the additional data pertinent to such interval.

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.
Oso Hemo	3150	3158	
Am. fl. d.	3212	3212	
pc	3222		