

**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 _____		5. LEASE DESIGNATION AND SERIAL NO. 82-078095A (SF-078095A)	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR KIMBARK OPERATING CO.		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR 1860 LINCOLN STREET, SUITE 808, DENVER, CO. 80295		8. FARM OR LEASE NAME HORTON	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1635' FNL & 1540' FEL, SECTION 7 At top prod. interval reported below _____ At total depth _____		9. WELL NO. #5	
14. PERMIT NO. _____ DATE ISSUED 4/10/78		10. FIELD AND POOL, OR WILDCAT BLANCO - PC	
15. DATE SPUDDED 6/16/78		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NE/4 SEC. 7, T31N, R11W	
16. DATE T.D. REACHED 6/19/78		12. COUNTY OR PARISH SAN JUAN	
17. DATE COMPL. (Ready to prod.) 7/13/78		13. STATE NEW MEXICO	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6280' K.B.		19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD 3015'		21. PLUG, BACK T.D., MD & TVD _____	
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2872-2906 Pictured Clif		25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN FDC/CNL/GR		27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	24#	118'	12 1/4"
4 1/2"	10.5#	3015'	7 7/8"
		CEMENTING RECORD	
		200 sxs	
		500 sxs	
		AMOUNT PULLED	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
		SCREEN (MD)	
		30. TUBING RECORD	
		SIZE	
		2 3/8"	
		DEPTH SET (MD)	
		2939'	
		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) 2872-2906' w/2 jets per foot			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2872-2906'		100.000# in gelled water	
33.* PRODUCTION			
DATE FIRST PRODUCTION 7/13/78		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing after frac	
DATE OF TEST 7/13/78	HOURS TESTED 24	CHOKE SIZE 2"	PROD'N. FOR TEST PERIOD Flowing after frac
FLOW. TUBING PRESS. 89#	CASING PRESSURE 900#	CALCULATED 24-HOUR RATE 642	OIL—BBL. 642 GAS—MCF. 0 WATER—BBL. 0 GAS-OIL RATIO
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY Robert Dintelman			
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 7/14/78	

*(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 83, 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.)

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
				Pictured Cliff	2562'	