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CNL/FDC; Dl.L CASING RECORD (Report all strings set in well) CASING SIZE WEIGHT, LE/FT DEPTH NIT (MD) Hole SIZE CEMENTING RECORD AMOUNT PULLED 20" 10-3/4" 40.5# 999' 14-3/4" 750 4-1/2" 9.5# 4200' 7-7/8" 650 SIZE TOP (MD) BOUTON (MD) SACKS CEMENT* SCREEN (MD) SIZE DEPTH SET (MD) PACKER SET (MD) SIZE TOP (MD) BOUTON (MD) SACKS CEMENT* SCREEN (MD) SIZE DEPTH SET (MD) PACKER SET (MD) 30. TUBING RECORD 31. FERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 37.02-4071' W/14 .42" holes 37.02-4071' W/2000 g, 7½% acid, 5F W/1000 g, 7½% acid, 5F W/1000 g, 7½% acid, 40000 g, gel KCl, wtr, 75000# 20/40 sc 33.* PRODUCTION ATE FIRST PRODUCTION TEST PRODUCTION ATE FIRST PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in) SIWOPLC SIWOPLC ASS-OIL RATIO 12-23-82 3 1/2" 213 LOW. TUBING PRESS. CANING PRESSIBE CACCILATED TEST PRODUCE. 24. DISPOSITION OF GAS (Sold, used for fucl, rented, ctc.) TEST WITNESSED BY
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3702-4071' w/14 .42" holes 3702-4071' w/2000 g. 7½% acid. SF w/1000 g. 7½% acid. SF w/1000 g. 7½% acid. 40000 g. gel KCl. wtr. 75000# 20/40 sci 3.* PRODUCTION ATE FIRST PRODUCTION 12-23-82 Flowing ATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD 12-23-82 ATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD 12-23-82 LOW. TUBINO PRESS. CASING PRESSIRE CALCULATED 24-HOUR RATE 260 Packer A DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY
W/1000 g. 7½% acid, 40000 g. gel KCl. wtr. 75000# 20/40 sides PRODUCTION ATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Well STATUS (Producing or shut-in) ATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD L2-23-82 3 1/2" - 213 LOW. TUBING PRESS. CASING PRESSIBE CALCULATED CHOKE SIZE CALCULATED CORR.) 260 Packer PRODUCTION CHOKE SIZE CALCULATED CORR.) CALCULATED CORR.) 4. DISPOSITION OF GAS (Sold, used for fuel, pented, etc.) TEST WITNESSED BY
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12-23-82 3 1/2" - 213 Low. Tubing Press. Casing Pressing Calculated Oil—BBL. Gas—MCF. Water—BBL. Oil Gravity-api (corr.) 260 Packer - 1702
260 Packer 24-HOUR RATE - 1702 - OIL GRAVITY-API (CORR.) 4. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY
4. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY
TEST WILLESSED BY
5. LIST OF ATTACHMENTS
Deviation Survey (ORIG. SGD.) DAVID R. GLASS
6. I hereby certify that the foregoing and attached information is complete and ANet as 2e Beijed from all available records
SIGNED (4.114/0-16/16/16/17) Production Supervisor MINIERALS MANAGEMENT SERVICE DATE 12-28-82
*(See Instructions and Spaces for Additional Date on Reverse Side)

NSTRUCTIONS

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 and 21, and 21, and 33, below regarding 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.

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

interval, or intervals, top(s), bottom(s) and name(s) 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, 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.

for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Hem 29: "Sacks Coment": Attached supplemental records for this well should show the details of any multiple stage comenting and the location of the comenting tool. 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, CONTENTS, ETC.	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS, DEPTH	
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