

CISF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)RECEIVED
Approved,
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. LEASE DESIGNATION AND SERIAL NO.

6. IF APPLICABLE, TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA12. COUNTY OR
PARISH

13. STATE

14. DATE SPUDDED

15. DATE T.D. REACHED

16. DATE COMPL. (Ready to prod.)

17. ELEVATIONS (DF, REB, RT, GR, ETC.)*

18. ELEV. CASINGHEAD

19. TOTAL DEPTH, MD & TVD

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

21. IF MULTIPLE COMPL.,
HOW MANY*22. INTERVALS
DRILLED BY

23. ROTARY TOOLS

24. CABLE TOOLS

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

26. WAS DIRECTIONAL
SURVEY MADE

27. TYPE ELECTRIC AND OTHER LOGS RUN

28. WAS WELL CORED

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	36	1205'	12 1/2"	700 SX Class "C"	450 sacks
7"	26	8123'	8 3/4"	870 SX Class "H"	399 "
				850 SX Class "C"	

30. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					27 7/8"	7885	

31. PERFORATION RECORD (Interval, size and number)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7868'-7911	150 BBL 15% HCL-NF-FE

33. PRODUCTION

DATE FIRST PRODUCTION 1-06-89		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping					WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 1-14-88	HOURS TESTED 24	CHOKER SIZE	PROD. FOR TEST PERIOD →	OIL—BBL. 826	GAS—MCF. 961	WATER—BBL. 310	GAS-OIL RATIO 1163	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL. 826	GAS—MCF. 961	WATER—BBL. 310	OIL GRAVITY-API (CORR.) 44		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

ACCEPTED FOR RECORD

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

TITLE

DATE

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

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 38, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all completed forms must be submitted with this summary record.

(crinoids, 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 other information 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, locations on Federal or Indian land should be described in accordance with Federal requirements, all attachments

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), complete the following for each interval or interval zone (a) bottom, (b) top, (c) bottom, (d) top, (e) bottom, (f) top, (g) bottom, (h) top, (i) bottom, (j) top, (k) bottom, (l) top, (m) bottom, (n) top, (o) bottom, (p) top, (q) bottom, (r) top, (s) bottom, (t) top, (u) bottom, (v) top, (w) bottom, (x) top, (y) bottom, (z) top, (aa) bottom, (ab) top, (ac) bottom, (ad) top, (ae) bottom, (af) top, (ag) bottom, (ah) top, (ai) bottom, (aj) top, (ak) bottom, (al) top, (am) bottom, (an) top, (ao) bottom, (ap) top, (aq) bottom, (ar) top, (as) bottom, (at) top, (au) bottom, (av) top, (aw) bottom, (ax) top, (ay) bottom, (az) top, (ba) bottom, (bb) top, (bc) bottom, (bd) top, (be) bottom, (bf) top, (bg) bottom, (bh) top, (bi) bottom, (bj) top, (bk) bottom, (bl) top, (bm) bottom, (bn) top, (bo) bottom, (bp) top, (bq) bottom, (br) top, (bs) bottom, (bt) top, (bu) bottom, (bv) 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Item 29: "Sacks Cement": Attached supplemental records for 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.)

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