

UNITED STATES SUBMIT
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICA

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

| | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------------|--|-------------------------|---|--|---------------------|----------------------------------|------------------|---------------|-------------|--|--|--|--|--|------|----------------|-----------------|--|--|--|
| 1. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____ | | 7. UNIT AGREEMENT NAME _____ | | | | | | | | | | | | | | | | | | | |
| 2. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <u>P&A</u> | | 8. FARM OR LEASE NAME <u>FEDERAL "A"</u> | | | | | | | | | | | | | | | | | | | |
| 3. NAME OF OPERATOR <u>R. J. ZONNE (P&A by CHEARY PET. CORP.)</u> | | 9. WELL NO. <u>1</u> | | | | | | | | | | | | | | | | | | | |
| 4. ADDRESS OF OPERATOR _____ | | 10. FIELD AND POOL, OR WILDCAT <u>WC</u> | | | | | | | | | | | | | | | | | | | |
| 5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements): At surface <u>1980/54E SEC.</u> At top prod. interval reported below At total depth | | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <u>24-225-316</u> | | | | | | | | | | | | | | | | | | | |
| 14. PERMIT NO. _____ | | DATE ISSUED _____ | | | | | | | | | | | | | | | | | | | |
| 15. DATE SPUDDED <u>4-30-73</u> | | 16. DATE T.D. REACHED <u>8-74</u> | | | | | | | | | | | | | | | | | | | |
| 17. DATE COMPL. (Ready to prod.) <u>P&A 12-74</u> | | 18. ELEVATIONS (OF, REB, RT, GR, ETC.) <u>3581 G.L.</u> | | | | | | | | | | | | | | | | | | | |
| 19. ELEV. CASINGHEAD _____ | | 20. TOTAL DEPTH, MD & TVD <u>1066</u> | | | | | | | | | | | | | | | | | | | |
| 21. PLUG, BACK T.D., MD & TVD _____ | | 22. IF MULTIPLE COMPL., HOW MANY _____ | | | | | | | | | | | | | | | | | | | |
| 23. INTERVALS DRILLED BY _____ | | 24. ROTARY TOOLS _____ | | | | | | | | | | | | | | | | | | | |
| 25. CABLE TOOLS <u>0-1066</u> | | 26. WAS DIRECTIONAL SURVEY MADE <u>no</u> | | | | | | | | | | | | | | | | | | | |
| 27. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* <u>P&A</u> | | 28. WAS WELL CORED <u>No</u> | | | | | | | | | | | | | | | | | | | |
| 29. TYPE ELECTRIC AND OTHER LOGS RUN <u>None</u> | | | | | | | | | | | | | | | | | | | | | |
| 30. CASING RECORD (Report all strings set in well) | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>CASING SIZE</td><td>WEIGHT, LB./FT.</td><td>DEPTH SET (MD)</td><td>HOLE SIZE</td><td>CEMENTING RECORD</td><td>AMOUNT PULLED</td></tr><tr><td colspan="6"><u>None</u></td></tr></table> | | | | CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED | <u>None</u> | | | | | | | | | | | |
| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED | | | | | | | | | | | | | | | | |
| <u>None</u> | | | | | | | | | | | | | | | | | | | | | |
| 31. LINER RECORD | | | | 32. TUBING RECORD | | | | | | | | | | | | | | | | | |
| <table><tr><td>SIZE</td><td>TOP (MD)</td><td>BOTTOM (MD)</td><td>SACKS CEMENT*</td><td>SCREEN (MD)</td></tr><tr><td colspan="5"></td></tr></table> | | | | SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | | | | | | <table><tr><td>SIZE</td><td>DEPTH SET (MD)</td><td>PACKER SET (MD)</td></tr><tr><td colspan="3"></td></tr></table> | | SIZE | DEPTH SET (MD) | PACKER SET (MD) | | | |
| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| SIZE | DEPTH SET (MD) | PACKER SET (MD) | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 33. PERFORATION RECORD (Interval, size and number) | | | | 34. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. | | | | | | | | | | | | | | | | | |
| <u>(No GEOLOGICAL TOPS AVAILABLE)</u> | | | | <table><tr><td>DEPTH INTERVAL (MD)</td><td>AMOUNT AND KIND OF MATERIAL USED</td></tr><tr><td colspan="2"></td></tr></table> | | DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| 35. PRODUCTION | | | | | | | | | | | | | | | | | | | | | |
| DATE FIRST PRODUCTION | | PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump) | | | WELL STATUS (Producing or shut-in) <u>P&A</u> | | | | | | | | | | | | | | | | |
| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL--BSL. | GAS--MCF. | | | | | | | | | | | | | | | | |
| FLOW. TUBING PRESS. | | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL--BSL. | GAS--MCF. | | | | | | | | | | | | | | | | |
| DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) | | TEST WITNESSED BY | | | | | | | | | | | | | | | | | | | |
| 36. LIST OF ATTACHMENTS | | | | | | | | | | | | | | | | | | | | | |
| 37. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records | | | | | | | | | | | | | | | | | | | | | |
| SIGNED <u>This completion log from USGS records</u> DATE _____ | | | | | | | | | | | | | | | | | | | | | |

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