

33.* DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping (size and type of pump))		WELL STATUS (Producing or shut-in)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD. FOR TEST PERIOD	WATER REL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24 HOURS	OIL PH.	WATER PH.	OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			TEST WITNESSED BY		
35. LIST OF ATTACHMENTS			OIL & GAS U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO		
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)

INSTRUCTIONS

General: This form is designed for submitting a completed and corrected well completion report and log on all types of wells and is to be used by the owner or operator of the well, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the numbering of the form shall be submitted, particularly with regard to borehole, casing, or regional procedure 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 25, 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 electrical, etc.) formation and pressure tests, and directional survey, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All oil and gas wells should be listed on this form, see item 25.

Item 4: If there are no applicable State requirements, locations of Federal or Indian land should be described in an appendix which lists of regulations, contact person, and/or Federal office for specific instructions.

Item 18: Indicate which elevation is used as a datum. (When not otherwise shown) for depth measurements given in other States, in this form and in any other log.

Items 22 and 24: If this well is completed in a single interval, provide from more than one interval zone (multiple completions) 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 identifying for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Completion": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing zone.

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.)

SUMMARY OF PRODUCE ZONES		DETAILED INTERVALS AND ALL DELETIVE TESTS, INCLUDING		CUMULATIVE MARKERS		TOP	
DEPTH INTERVAL	TESTER, CUMULATIVE ZONE, OR OTHER IDENTIFYING DATA	DESCRIPTION, CONTENTS, ETC.	NAME	MEASURE DEPTH	MARKER DEPTH	TOP	MARKER DEPTH
		N.O. WELLS OR WELLS IN PROGRESS.	O/SALT T/DELAWARE	900'	3435' K0		
			O/DELAWARE	3269'			
			O/DELAWARE	6993'			
			O/STONE SPGS	10,197'			
			T/STANW	11,720'			
			T/ATOKA	11,906'			
			T/ABERDOW	12,234'			
			M/ABERDOW	12,764'			
			L/MOOREW	13,088'			