

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions 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 _____		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other <u>Plug & Abandon</u>
2. NAME OF OPERATOR Warren Drilling Company							
3. ADDRESS OF OPERATOR 1215 United Founders Tower - Oklahoma City, Okla.							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' N of S. Line & 660' W of E Line of Section 16, T 22N, R 5W, SE SE At top prod. interval reported below At total depth							
14. PERMIT NO.			DATE ISSUED				
15. DATE SPUDDED 10-3-71			16. DATE T.D. REACHED 10-17-71			17. DATE COMPL. (Ready to prod.) 10-24-71	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* GL 6912 - KB 6924			19. ELEV. CASINGHEAD				
20. TOTAL DEPTH, MD & TVD 6450		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)* None						25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Induction - Laterolog						27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE 8-5/8	WEIGHT, LB./FT. 23#	DEPTH SET (MD) 253.61	HOLE SIZE 12-1/4	CEMENTING RECORD 155 ex Class A -27 Caci		AMOUNT PULLED -0-	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, ETC. SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					
DATE OF TEST		HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.
FLOW. TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							TEST WITNESS NOV 26 1971
35. LIST OF ATTACHMENTS Please see Attachments on Form 9-331 Dated November 11, 1971							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>John B. Warren</u>				TITLE Owner		DATE 11-23-71	

*(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 33, 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, localities 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 (state 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
Kirkland	Interval 1395 -	1415	Porosity-Water Saturation-Rw 17% 100% 1.0	Ojo Alamo Sandstn	1177	1177
Manefee	3825 -	3860	16% 100% 0.25	Kirkland	1312	1312
Lower Gallup	5193 -	5198	12% 95% 0.20	F. Cliffs Sandstn	1671	1671
				Lewis Shale	1791	1791
				Chacra Sandstn	2101	2101
				Cliff House	3174	3174
				Manefee	3226	3226
				Point Lookout	3914	3914
				Mancos Shale	4093	4098
				Lower Gallup	5063	5068
				Sanostee Sandstn	5538	5588
				Carlisle Shale	5713	5713
				Greenhorn Lmstn	5822	5822
				Graneros Sandstn	5971	5971
				Dakota Sandstn	6093	6093
				Morrison Sandstn	6324	6324
DRILL-STEM TEST DATA ATTACHED						