UNITED STATES

SUBMIT IN DUPLICATE*

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

DEPARTMENT OF THE INTERIOR

Secretarian Budget Bureau No. 42-R355.5.
Secretarian S

		GE	COLOGICA	L SURV	E Y					N	M-03	010	
WELL CO	MPLE	TION C	OR RECOM	APLETION	V R	EPORT	AN	D LC)G*	6. IF INDIAN	, ALLO:	TTEE OR TRIBE	NAME
1a. TYPE OF WEL	.L:	WELL OIL	GAS WELL	DRY [X 0	ther				7. UNIT AGR	EEMENT	NAME .	
b. TYPE OF COM			DI DI DI DI	ם מנות ד									
WELL X	OVER	EN DEED-	D PLEG DACK	DIFF. RESVR.	ه لـ	ther				S. FARM OR	LEASE	NAME	
2. NAME OF OPERAT		.								John S		shko "B"	
Pan A		an Petr	oleum Cor	poracion						- 3			
		ife Bui	lding, De	nver. Co	lora	edo						L, OR WILDCAT	
4. LOCATION OF WE	(Rep	rt location	clearly and in a	cordance wit.	h any	State requ	irement	!s) *		Basin	ı Dak	ota	
At surface	119	OFSL an	d 1800 FE	L							R., M., (OR BLOCK AND SU	RVEY
At top prod. int	erval re	ported below	,									Section 1	11 -
At total depth	2	same								7-24	12 ,	R-7-W	
•				14. PERMIT	NO.		DATE	ISSUED		12. COUNTY	or	13. STATE	
										Rio Arri	iba	New Mex	ico
5. DATE SPUDDED 8-17-65	ì	TE T.D. REAC	CHED 17. DATE	COMPL. (Rea	dy to	prod.) 1	8. Elev	2) (g	(DF, RKB,	RT, GR, ETC.)*		ELEV. CASINGHE	
O-1/-OJ	1		BACK T.D., MD & T	vn 22 IF	MULTI	PLE COMPL			STERVALS	ROTARY TOO	N.S.	CABLE TOOL	.s
7000	& 1VD	21. 7200, 1	SACK I.D., RED & I	10	W MA	NY*	•••		RILLED BY	0-7000		CABBE TOOL	
4. PRODUCING INTER	RVAL(S),	or THIS CO	MPLETION—TOP,	BOTTOM, NAM	E (MD	AND TVD)	*			<u></u>	25	. WAS DIRECTIC SURVEY MADE	
NONE											.	NO	
6. TYPE ELECTRIC A	ND OTH	ED YOUR DEL	,								27 77	AS WELL CORED	
			Gamma Ra	Sonic							. 21. 17.	NO	
8.			CASI	G RECORD	(Repor	rt all string	is set in	ı soell)					
CASING SIZE		GNT, LB./FT.	372 ¹		поль 2 ²¹¹	SIZE		225 S	EMENTING	RECORD		NONE NONE	ED
8 5/8"	_	24#	3/2						acks			HONE	
	-				~		-			······································			
	_						-						
9.		LI	NER RECORD				<u> </u>	30.		TUBING RECO	ORD		
SIZE	TOP (MD) Be	OTTOM (MD)	SACKS CEMEN	т*	SCREEN (N	ID)	SIZ	E	DEPTH SET (M	(D)	PACKER SEC (MD)
									[_	REC	E	VED	\bot
1. PERFORATION REC	CORD (In	terval, size	and number)			32.		TD GII	777 P. P. P. A. D.	TITLE CHIEFIN		Down DMA	+
	,	•	,		-	DEPTH IN				TURE, CEMEN			+
						· · · · · · · · · · · · · · · · · · ·							+
										U. S. GEO	LOGIC	AL SURVEY	1
].					FARMII	AC LOS	1, 14. 18	
13.*				Υ	RODI	JCTION		····					
ATE FIRST PRODUCT	ION	PRODUCT	ION METHOD (F				and to	pe of p	ump)	WELL	STATUE	(Producing or	 -
											it-in) 1 DY:	A8-28-65	
ATE OF TEST	HOURS	TESTED	CHOKE SIZE	PROD'N. FO		OIL-BBL.		GAS	MCF.	WATER-BBI		GAS-OIL RATIO	
				>	,	· · · · · · · · · · · · · · · · · · ·	·			1	III.		
LOW. TUBING PRESS.	CASING	PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.		GAS-	-MCF.		WATER-	-BBL.	lon.	IVED'S	R.)
4. DISPOSITION OF G	AS (Sold	, used for fu	el, vented, etc.)	, :					'	TEST WITH	P ^D O _B	3 1965	i
5. LIST OF ATTACH	(WM a		· · · · · · · · · · · · · · · · · · ·	. •							_		
NONE	nt & 14.T.Q					•				OIL	601	V. COM.	_
6. I hereby certify	that the	foregoing a	and attached inf	ormation is c	omple	te and cor	rect as	determ	ined from	all available r	DIST ecords	.3	
SIGNED ///	4/1/2	±aR H I	Beers	_ TITLE	, A	dminis	trat	ive A	ssist			9/16/65	
										DATE	9		

INSTRUCTIONS

General: This force 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, the best personnel 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 said direct, particularly with reserved 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 that onlice. See inchreations on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not find 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.), formations to the extent required by applicable Federal and/or State laws and regulations. All attachments listed on this form, see item 35.

all office for specific in a cut froms. there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State

the first state of the first state is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

It is a provided by the state in item 22, and in item 24 show the producing to a completion), so state in item 22, and in item 24 show the producing to a completion of the completion of the producing to a completion of the sequences. (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, and a completion of the completion of the completion of the completion of the computing tool.

It is a sequential to be a sequential report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

TOP SECOND S
NAME NAME NAME NAME NEAS. DEFTH
NAME TO MEAS. DEPTH