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

36. I hereby certify that the for hoing and attached information is complete and correct as determined from all available records.

SIGNED TITLE Prod. Spt - So. Rky

DATE 3/13/81

Single Point Back Pressure Test

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 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 to the listed on this form, see item 35.

All attachments the first analysis of the first analysis. All attachments the first analysis of the first analysis of the first analysis of the first analysis of the first analysis.

Hem 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. Hems 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.

Hem 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.

Hem 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.) Itam 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consuit local State or Federal office for specific instructions.

FORMATION TOP B	воттом	DESCRIPTION, CONTENTS, ETC.			
	• .  • -			NAME	MEAS. DEPTH
Ojo Alamo 1824' 21	8	Ss - Water	=* 	Ojo Alamo	1824
				Kirtland	2148
Pictured Cliffs 2784 28	2860'	Ss, Sh - Gas, Sw - 60%		Fruitland	2650
34.	<i>¥</i>			Pictured Cliffs	2783
Chacra 3772' 37	3789	Ss, Sh - Gas, Sw - 50%		Lewis	2864
				Chacra	3689
· -	5118'		11.	Cliff House	4472
5151	5166'	Ss, Sh - Gas, Sw - 30%		Point Lookout	5082
			-	TD	5311
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