

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		7. UNIT AGREEMENT NAME <u>Navajo Tribe</u>	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME <u>Navajo</u>	
2. NAME OF OPERATOR <u>Eastern Petroleum Company</u>		9. WELL NO. <u>2</u>	
3. ADDRESS OF OPERATOR <u>Box 291, Carmi, Illinois 62821</u>		10. FIELD AND POOL, OR WILDCAT <u>Table Mesa - Dakota</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>1800 FEL, 2310 FNL</u> At top prod. interval reported below <u>same</u> At total depth <u>same</u>		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <u>Sec 3, T27N, R17W</u>	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED <u>9-30-71</u>		16. DATE T.D. REACHED <u>11-08-71</u>	
17. DATE COMPL. (Ready to prod.) <u>11-09-71</u>		18. ELEVATIONS (DF, BKB, RT, GE, ETC.)* <u>5315 GL</u>	
20. TOTAL DEPTH, MD & TVD <u>1334</u>		21. PLUG, BACK T.D., MD & TVD <u>single</u>	
22. IF MULTIPLE COMPL., HOW MANY* <u>single</u>		23. INTERVALS DRILLED BY <u>ROTARY TOOLS</u>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>1332 to 1334</u>		25. WAS DIRECTIONAL SURVEY MADE <u>yes</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>none</u>		27. WAS WELL CORED <u>no</u>	
CASING RECORD (Report all strings set in well)			
CASING SIZE <u>4½"</u>	WEIGHT, LB./FT. <u>9.5</u>	DEPTH SET (MD) <u>1324</u>	HOLE SIZE <u>6½"</u>
CEMENTING RECORD <u>Packer</u>		AMOUNT PULLED <u>all</u>	
LINER RECORD			
SIZE <u>none</u>	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
SCREEN (MD)			
TUBING RECORD			
SIZE <u>none</u>	DEPTH SET (MD)	PACKER SET (MD)	
PERFORATION RECORD (Interval, size and number)			
<u>open hole</u>		ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD) <u>0</u>		AMOUNT AND KIND OF MATERIAL USED <u>0</u>	
PRODUCTION			
DATE FIRST PRODUCTION <u>11-09-71</u>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <u>Swab</u>	
WELL STATUS (Producing or shut-in) <u>Abandon</u>			
DATE OF TEST <u>11-09-71</u>	HOURS TESTED <u>24</u>	CHOKE SIZE <u>2"</u>	PROD'N. FOR TEST PERIOD <u>→</u>
OIL—BBL. <u>1</u>	GAS—MCF. <u>TSTM</u>	WATER—BBL. <u>93</u>	GAS-OIL RATIO <u>TSTM</u>
FLOW. TUBING PRESS. <u>0</u>	CASING PRESSURE <u>0</u>	CALCULATED 24-HOUR RATE <u>→</u>	OIL GRAVITY-API (CORR.) <u>67</u>
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <u>TSTM</u>		TEST WITNESSED BY <u>John Cunningham</u>	
35. LIST OF ATTACHMENTS <u>Directional Survey</u>			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>Robert A. Bulge</u>		TITLE <u>Vice President</u>	
DATE <u>3-24-72</u>		MAR 2 1972	

*** (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, locations 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 (where 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Callup	438	575	SS, trc gry to blk, shl, water zone
Greenhorn	1242	1264	cal shl, trc lmst.
Graneros	1264	1332	Shl, blk
Dakota	1332	1333	SS 50%, blk shl 50%
	1333	1334	SS 90%, Gas odor, trc oil with water

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Callup	438		438
Greenhorn	1242		1242
Graneros	1264		1264
Dakota	1332		1332