

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other face
of this form for
reverse side)Form approved
Budget Bureau No. 42-8358.5

DEPARTMENT AND SERIAL NO.

42-100-57

NAME OF WELL OR TRIBE NAME

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 ☐ OVER ☐ PLUG ☐ DIT ☐ OTHER ☐

2. NAME OF OPERATOR

Eastern Petroleum Company

3. ADDRESS OF OPERATOR

P.O. Box 291, Carmi, Illinois 62821

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):

At surface 2560 FWL, 2082 FSL

At top prod. interval reported below same

At total depth same

14. PERMIT NO.

DATE ISSUED

15. DATE SHELDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (FEET) OF WELL HEAD

11-10-71

11-20-71

11-20-71

5326 GL

5327

20. TOTAL DEPTH, MD & TVD

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL. HOW MANY?

23. APPROVAL

24. DATE T.D.

25. DATE T.D.

425

Singl

0-425

-0-

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

None- no water or Hydrocarbon formation Penitrated

26. TYPE ELECTRIC AND OTHER LOGS RUN

none

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT SET
7"	24#	21 ft.	8 3/4	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
none							

31. PERFORATION RECORD (Interval, size and number)

None- Hole was not drilled into
Gallup Sandstone32. ACID, SHOT, FRACTURE, OR OTHER TREATMENT RECORD
DEPTH INTERVAL (MD)

none

33.* PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

does not apply

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL - BBL.	GAS - MCF.	WATER - BBL.	GAS OIL RATIO
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.)

35. LIST OF ATTACHMENTS

none

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

SIGNED

Robert C. Suley

TITLE

Vice President

DATE March 31, 1972

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