

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 _____	
2. NAME OF OPERATOR Kerr-McGee Corporation			
3. ADDRESS OF OPERATOR P. O. Box 250; Amarillo, Texas 79189			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' FSL & 660' FWL At top prod. interval reported below 1650' FSL & 660' FWL At total depth 1650' FSL & 660' FWL			
14. PERMIT NO. N/A		DATE ISSUED Oct. 22, 1979	
15. DATE SPUDDED 3-1-80	16. DATE T.D. REACHED 3-12-80	17. DATE COMPL. (Ready to prod.) 3-14-80	18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5692 DF; 5694, KB: 5680 GL
19. ELEV. CASINGHEAD N/A	20. TOTAL DEPTH, MD & TVD 4700		
21. PLUG, BACK T.D., MD & TVD 0 (Surface)	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS 0-4700	24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None
25. WAS DIRECTIONAL SURVEY MADE No			26. TYPE ELECTRIC AND OTHER LOGS RUN DIL, CNL, FDC, GR
27. WAS WELL CORED Yes			
28. CASING RECORD (Report all strings set in well)			
CASING SIZE 9 5/8"	WEIGHT, LB./FT. 32.30	DEPTH SET (MD) 320'	HOLE SIZE 14 3/4"
CEMENTING RECORD 400 sx Cl "B" Cement w/ 2% CaCl & 1/2 flocele P/S		AMOUNT PULLED 0	
29. LINER RECORD N/A			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) None			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
4530-4380		50 Cl "B" Cement	
3310-3260		50 Cl "B" Cement	
2160-2010		50 Cl "B" Cement	
800-270		150 Cl "B" Cement	
33.* N/A PRODUCTION 10-Surface 10 Cl "B" Cement			
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.		WATER—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.			

SIGNED Kelley EisenbergTITLE Engineering AssistantDATE March 19, 1980*(See Instructions and Spaces for Additional Data on Reverse Side) BY McL Ruchera

NMOCCI

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, and/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.), formations 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 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 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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