

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											
OKLAHOMA OIL CO.											
3. ADDRESS OF OPERATOR											
4925 Greenville Ave., 1120 One Energy Square Dallas, Texas 75206											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)											
At surface 1120'/N & 2300'/W											
At top prod. interval reported below same											
At total depth same											
14. PERMIT NO. _____ DATE ISSUED _____											
15. DATE SPUDDED											
03/14/80											
16. DATE T.D. REACHED											
03/23/80											
17. DATE COMPL. (Ready to prod.)											
05/22/80											
18. ELEVATIONS (DF, REB, RT, GR, ETC.)*											
6132GL											
19. ELEV. CASINGHEAD											
6133											
20. TOTAL DEPTH, MD & TVD											
6612											
21. PLUG, BACK T.D., MD & TVD											
6550											
22. IF MULTIPLE COMPL., HOW MANY*											
23. INTERVALS DRILLED BY											
ROTARY TOOLS											
CABLE TOOLS											
0-6612											
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*											
6344-6378 DAKOTA											
25. WAS DIRECTIONAL SURVEY MADE											
YES											
26. TYPE ELECTRIC AND OTHER LOGS RUN											
IES, FDC-CNL, GR, CALIPER, SP, CCL											
27. WAS WELL CORED											
NO											
28. CASING RECORD (Report all strings set in well)											
CASINO SIZE											
WEIGHT, LB./FT.											
DEPTH SET (MD)											
HOLE SIZE											
CEMENTING RECORD											
AMOUNT PULLED											
8 5/8											
24											
266											
12 1/4											
250 sk c/B + 2% CaCl ₂											
NONE											
4 1/2											
10.5											
6612											
7 7/8											
360 sk 50-50 Poz											
NONE											
900 sk 65-35 Poz + 6% gel											
29. LINER RECORD											
30. TUBING RECORD											
SIZE											
TOP (MD)											
BOTTOM (MD)											
SACKS CEMENT*											
SCREEN (MD)											
SIZE											
DEPTH SET (MD)											
PACKER SET (MD)											
N/A											
2.375											
6350											
N/A											
31. PERFORATION RECORD (Interval, size and number)											
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.											
DEPTH INTERVAL (MD)											
AMOUNT AND KIND OF MATERIAL USED											
6344-6353											
60,000 gal gel wtr and											
108,000# 20-40 sand											
33.* PRODUCTION											
DATE FIRST PRODUCTION											
05/22/80											
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)											
FLOWING											
WELL STATUS (Producing or shut-in)											
SHUT IN											
DATE OF TEST											
06/06/80											
HOURS TESTED											
3											
CHOKE SIZE											
3/4											
PROD'N. FOR TEST PERIOD											
OIL—BBL.											
0											
GAS—MCF.											
3446											
WATER—BBL.											
0											
GAS-OIL RATIO											

FLOW. TUBING PRESS.											
CASING PRESSURE											
217											
440											
CALCULATED 24-HOUR RATE											
OIL—BBL.											
0											
GAS—MCF.											
3446											
WATER—BBL.											
0											
OIL GRAVITY-API (CORR.)											

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)											
TEST WITNESSED BY											
VENTED											
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 _____											
JOHN ALEXANDER											
TITLE _____											
AGENT											
DATE July 22, 1980											

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

NMOCC

TIONS

General: This form is designed for submitting a complete and correct well log or both, pursuant to applicable Federal and/or State laws and regulations submitted, particularly with regard to local, area, or regional procedures and/or State office. See instructions on items 22 and 24, and 33, below regarding not filed prior to the time this summary record is submitted, copies of all test and pressure tests, and directional surveys, should be attached hereto, should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or local 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:			38. GEOLOGIC MARKERS		
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			NAME	TOP	
FORMATION	TOP	BOTTOM		MEAS. DEPTH	TRUE VERT. DEPTH
			PICTURED CLIFF MESA VERDE GALLUP DAKOTA	1725 3290 5315 6340	1725 3290 5315 6340