

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 _____				5. LEASE DESIGNATION AND SERIAL NO. _____	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR _____				7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR _____				8. FARM OR LEASE NAME _____	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface _____ At top prod. interval reported below _____ At total depth _____				9. WELL NO. _____	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT _____	
15. DATE SPUDDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) _____				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA _____	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* _____				12. COUNTY OR PARISH _____ 13. STATE _____	
20. TOTAL DEPTH, MD & TVD _____		21. PLUG, BACK T.D., MD & TVD _____		23. INTERVALS DRILLED BY _____	
22. IF MULTIPLE COMPL., HOW MANY* _____				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____	
25. WAS DIRECTIONAL SURVEY MADE _____				26. TYPE ELECTRIC AND OTHER LOGS RUN _____	
27. WAS WELL CORED _____				28. CASING RECORD (Report all strings set in well)	
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
HOLE SIZE		CEMENT RECORD		AMOUNT PULLED	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)	
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
33.* PRODUCTION		DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
WELL STATUS (Producing or shut-in)		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.)		TEST WITNESSED BY	
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 _____		TITLE _____		DATE _____	

*(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.)

Callegos Canyon Unit No. 195

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			38.	GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
Core #2 (Continued)	- 5862-66 sandy shale and crossbedded. 5866-68 silty shale.				
	5871-72 sand crossbedded with slight shale. 5872-76 sandy shale. Vertical frac.				
	5876-5907 dirty. Shaley sand, pronounced vertical frac 5883-87, 5890-97, 5898-5907.				
Core #3. 5907-5967.	Recovered 59 1/2'. 5907-14 dirty sandstone with vertical frac. 5914-18 shale, dirty with horizontal				
	frac at 5917. 5918-18 1/2 resipred sand and shale. 5918 1/2-20 1/2 sand and dirty shale with vertical				
	frac. 5920 1/2-24 sand, shale and clay. Hard, dense.				
	5924-47 clean sand with hairline vertical frac. 5947-55 sand crossbedded with shale inclusions and				
	laminations. 5955-62 sandstone mottled with shale inclusions and crossbedded.				
	5962-65 1/2 sandstone as above with small shale inclusions and crossbedded.				
	5965 1/2-66 1/2 crossbedded shale and sand. Hard. 5924-64 vertical hairline frac.				