

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1. TYPE OF WELL

2. TYPE OF COMPLETION

3. NAME OF OPERATOR

4. ADDRESS AND TELEPHONE NO.

5. LOCATION OF WELL (Report location clearly and in accordance with any state requirements)

6. DATE OF WELL (FSL, 1210' FSL = 1

7. DATE OF PRODUCTION

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100. DATE OF PRODUCTION

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
				Fruitland Coal	2886	