

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(See other in-
structions on
reverse side)

Budget

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
KIMBARK OPERATING CO.

8. ADDRESS OF OPERATOR
1860 LINCOLN STREET, SUITE 808, DENVER, COLORADO 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1530' FSL & 1475' FWL, Section 34

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED 4/10/78

15. DATE SPUDDED 6/19/78 16. DATE T.D. REACHED 6/22/78 17. DATE COMPL. (Ready to prod.) 7/13/78 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6064' K.B. 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 2950' 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS 0 - TD CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2752-71 Pictured Clif, 2776-80' Pictured Clif, 2788-2802' Pictured Clif 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN IES, FDC/CNL/GR 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	126'	12 1/4"	135 sxs	
4 1/2"	10.5#	2950'	7 7/8"	250 sxs	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8"	2787'	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
2652-71'; 2776-80' 1 2788-2802' w/2 jets per foot		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		2752-71'; 2776-80'; 2788-2802'	100,000# sd in gelled water

33.* PRODUCTION							
DATE FIRST PRODUCTION 7/13/78		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing after frac				WELL STATUS (Producing or shut-in) SI	
DATE OF TEST 7/13/78	HOURS TESTED 24	CHOKE SIZE 2"	PROD'N. FOR TEST PERIOD	OIL—BBL. 690	GAS—MCF. 690	WATER—BBL. 0	GAS-OIL RATIO
FLOW. TUBING PRESS. 132#	CASING PRESSURE 1025#	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF. 690	WATER—BBL. 0	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY Robert Dintelman

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 W. K. Arbuckle TITLE President DATE 7/14/78

*(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, 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 would 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 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.)

1. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE 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	MEAS. DEPTH TRUE TEST. DEPTH
				Pictured Clif	2740'