

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>		GAS WELL <input checked="" type="checkbox"/>		DRY <input type="checkbox"/>		Other _____	
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>		WORK OVER <input type="checkbox"/>		DEEP-EN <input type="checkbox"/>		PLUG BACK <input type="checkbox"/>	
				DIFF. RESVR. <input type="checkbox"/>				Other _____	
2. NAME OF OPERATOR KIMBARK OPERATING CO.									
3. 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		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	
						ROTARY TOOLS 0 - TD		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	
8 5/8"		24#		126'		12 1/4"		135 SXS	
4 1/2"		10.5#		2950'		7 7/8"		250 SXS	
29. LINER RECORD									
SIZE		TOP (MD)		BOTTOM (MD)		BACKS CEMENT*		SCREEN (MD)	
30. TUBING RECORD									
SIZE		DEPTH SET (MD)		PACKER SET (MD)					
2 7/8 "		2787'							
31. PERFORATION RECORD (Interval, size and number) 2652-71'; 2776-80' 1 2788-2802' w/2 jets per foot					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
					DEPTH INTERVAL (MD)				
					2752-71'; 2776-80'; 2788-2802'				
					AMOUNT AND KIND OF MATERIAL USED 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.	
								GAS—MCF. 690	
FLOW. TUBING PRESS. 132#		CASING PRESSURE 1025#		CALCULATED 24-HOUR RATE		OIL—BBL.		WATER—BBL. 0	
								GAS—MCF. 690	
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 W. K. Arbuckle		TITLE President				DATE 7/14/78			

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

*NOTE: 7-day shut in pressure 1025 psig.

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' records, etc.) and

tion 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 7. 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 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 production interval(s) for each zone.

Item 29: "Sacks Cement": Attached supplemental records for this well should show 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.)

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; COBED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

GEOLOGIC MARKERS

• GPO 702-028