

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 <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"/>
2. NAME OF OPERATOR KIMBARK OPERATING CO.					
3. ADDRESS OF OPERATOR 1860 LINCOLN STREET, SUITE 808, DENVER, CO. 80295					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1820' FNL & 1120' FEL, SECTION 13  At top prod. interval reported below  At total depth					
14. PERMIT NO.		DATE ISSUED 4/10/78			
15. DATE SPURRED 5/30/78		16. DATE T.D. REACHED 6/5/78		17. DATE COMPL. (Ready to prod.) 7/13/78	
20. TOTAL DEPTH, MD & TVD 3150'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2958-2967'; Pictured Clif 3042-3057'; Pictured Clif		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6480' KB		19. ELEV. CASINGHEAD	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, FDC/CNL/GR		23. INTERVALS DRILLED BY → 0 - TD		25. WAS DIRECTIONAL SURVEY MADE NO	
27. WAS WELL CORED NO		28. CASING RECORD (Report all strings set in well)			
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8 5/8"		24#		137'	
4 1/2"		10.5#		3147'	
29. LINER RECORD		30. TUBING RECORD		AMOUNT PULLED	
SIZE		TOP (MD)		BOTTOM (MD)	
8 5/8"		137'		3147'	
4 1/2"		10.5#		3147'	
31. PERFORATION RECORD (Interval, size and number) 2958-2967'; 3006-3020'; 3042-3057' w/2 jets per foot		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
2958-2967';		100,000# sand in gelled water			
3006-20'; 3042-					
3057'					
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. 712	GAS—MCF. 0
FLOW. TUBING PRESS. 98#	CASING PRESSURE 1100#	CALCULATED 24-HOUR RATE →	OIL—BBL. 712	GAS—MCF. 0	WATER—BBL. 0
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)

# 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.)

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	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Clif	2938'	