		h H	<u>í</u> g	y & Gyp e c & Shale	0	37. SUMMARY OF POROUS ZON SHOW ALL IMPORTANT 2008 DEPTH INTERVAL TESTED, O FORMATION TO TO		<ul> <li>22 and 24: If this well val, or intervals, top(s) rach additional interval 129: "Sacks Coment": A</li> <li>33: Submit a separate of the separate of t</li></ul>	<b>General:</b> This form is designed for sub or both, pursuant to applicable Federal submitted, particularly with regard to and/or State office. See instructions on If not filed prior to the time this summi- tion and pressure tests, and directional should be listed on this form, see item : <b>Hem 4:</b> If there are no applicable Stat or Federal office for specific instructions litem 18: Indicate which formation to re-	
		10650 10731	9653 10490	1450 6081 7932	403	NES : SUSTION USED, TIME TOOL OPEN, PLOWING	2	sed as ted for i) and rutely j ppleme report		
		Total Depth	(A) TIO DOLOST(A)	fair od	DESCRIPTION, CONTRATS, ETC.	CORED INTERVALS; AND ALL DELL-STEM TE AND SHUT-IN FLESSURES, AND RECOVERIES		reterence (where not otherwise shown) for depth measurements given separate production from more than one interval some (multiple compleiname(s) (if any) for only the interval reported in item 33. Submit a produced, showing the additional data pertinent to such interval.	and correct well completion report and log on and regulations. Any necessary special instr- nal procedures and practices, either are shown and 33, below regarding separate reports for se- ted, copies of all currently available logs (dril attached hereto, to the extent required by a attoms on Federal or Indian land should be d	
				stain,		CSTR, INCLUDING		menta given ltiple complet 3. Submit a erval.	all type uctions 1 below parate parate illers, ge pplicab	••••••••••••••••••••••••••••••••••••••
	Miss. Woodford Devonian	Strawn Atoka Mornow Chester	Tubb Abo Wolfcamp		NAME	SP CIENCIC		ther spaces ( ); so state in grate report enting and th for items 22	and leases to of the the use of the lasued by, or issued by, or manyle and core and/or State and/or State and/or State and sta	
The Spirit System		8980 9490 9795 9952	5621 6425 ' 7615	I. DEPTH	TOP	OGIC MARKERS	<u>.</u>	on this form and in any attachments. 1 item 22, and in item 24 show the producing t (page) on this form, adequately identified, the location of the cementing tool. 22 and 24 above.)	oither a Federal agency o nis form and the number may be obtained from, 1 annlysis, all types elect laws and regulations. deral requirements. Co	•
				TRUE VERT. DEPTH				tachmenta www.the.producing uately identified, r tool.	cy or a State agency, nber of copies to be m, the local Federal lectric, etc.), forma- s. All attachments Consult local State	

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