

Province		Lease—Tract—Well No.				Field—Pool—Producing Zone				County	State		
DECLINATION TESTS										SAFETY JOINT			
Depth	Deviation	Depth	Deviation	Depth	Deviation	Depth	Deviation	Depth	Deviation	Make	R.-L. Thd. or Shear Pin	Weight To Shear	Depth Set
9775	1½	10,110	1 3/4	10560	2	11155	1	11430	1				
9840	1 3/4	10,215	2 3/4	10700	2	11180	1-3/4	11450	½				
9850	3½	10,170	2	10840	2	11195	2	11480	3/4				
9730	1 3/4	10,270	2½	10930	2½	11230	1-3/4	11585	1				
9905	3 3/4	10,315	1 3/4	10960	2½	11245	1/2	11615	1½				
9935	3½	10,335	2½	11010	1-3/4	11270	3/4	11645	½				
9970	2 3/4	10,350	1 3/4	11100	1½	11315	1-3/4	11670	1				
10020	2 3/4	10,390	2	11120	1½	11365	3/4	11755	2-3/4				
10065	3	10,500	2½	11135	1	11385	1/2	11765	2½				

CORE REFERENCE DETAILS
 "Daily Drilling or Remedial History (3B-459)"

Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.

BOTTOM HOLE PRESSURE: DATUM

Date	Pressure	Date	Pressure	Date	Pressure	Date	Pressure	Date	Pressure

ELECTRICAL OR OTHER LOGGING OR SPECIAL TESTING DATA (Including surveys)

Date	Kind	From	To	Date	Kind	From	To

EQUIPMENT: Supply "Pumping Record (3B-432-B)" or "Gas Lift Installation (3B-587)" Where Applicable

Date	Item	Test Pres.	Make	Dwg. No.	Serial No.	Date Removed	Reason
	"Pickup Joint: Size and Thread"						
	Tubing Head						
	Braden Head						
	Casing Head						
	Flow Line Size & Length		Wells in Same Line (Nos.)				
	Separator (Make)		Wells in Same Separator (Nos.)				
	Battery No.	Number and Size:	Wood	Capacity:	Steel	Capacity: Total	Capacity on Lease
	Wells in this Battery (By the Numbers)						

IMPORTANT: Compile in every applicable detail and forward IMMEDIATELY on completion of new well attached to the final "Daily Drilling or Remedial History" (3B-459). OLD WELLS: Where "Inhole" work is done, compile form in every applicable detail from time of original completion, including present work. All cumulative data MUST be included as space permits. Indicate pertinent information which cannot be covered in the body of the form in space below, including removals from proration schedule—"Date, Supplement, Length of Time Off (in daa.), Barrels of Production Lost, Date Returned to Production." Give condition "BEFORE" and "AFTER" on remedial operations. (The Accurate Compilation of the Record is Invaluable).

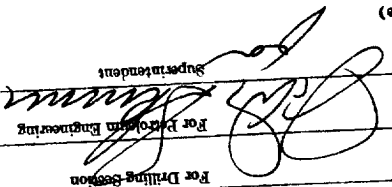
Dates

Above Correct—Signature(s)

For Drilling Session

For Production Engineering

Superintendent



(Use Reverse Side "Turnble Fashion" for Additional Space)

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