

Province		Lease—Tract—Well No.				Field—Pool—Producing Zone				County		State	
DECLINATION TESTS													
Depth	Deviation	Depth	Deviation	Depth	Deviation	Depth	Deviation	Depth	Deviation	Depth	Deviation	Depth	Deviation
1300	0	4750	3/4	6350	1	9610	3/4						
1750	1/4	4910	1 1/4	6441	1	9648	1/4						
2700	1/4	5070	3/4	6595	1	9870	3/4						
2950	3/4	5165	1/2	6885	1 1/4	10,113	0						
3300	3/4	5565	1	7018	1	10,239	3/4						
3600	1	5640	1	7175	1	10,347	1 1/4						
3900	1 1/4	5721	3/4	7365	1	10,660	1 1/4						
4260	1	5790	1	8505	1 1/4	11,080	3/4						
4500	3/4	5900	1	8728	1 1/2	11,288	1/4						
4620	3/4	6130	3/4	9491	1/4								

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.	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
	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. Give condition “BEFORE” and “AFTER” on remedial operations. (The Accurate Compilation of the Record is Invaluable).

Above Correct—Signature_____

Title_____

Date_____

