Form 9-330 (Kev. 5-63) SUBMIT IN DUPLICATE Form approved. Budget Bureau No. 42-R355.5. UNITED STATES (See other in DEPARTMENT OF THE INTERIOR structions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC-0295 0 6. IF INDIAN, ALLOTTEE OR TRIBE WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: WELL GAS WELL 7. UNIT AGREEMENT NAME Other DRY **b. TYPE OF COMPLETION:** NEW WELL WORK OVER DIFF. RESVR. DEEP-EN PLEG BACK Other S. FARM OR 2. NAME OF OPERATOR 9. WELL 3. ADDRESS OF OPERATOR 60 60 10. FIELD 4. LOCATION OF WELL (Report location clearly and in accor At surface FSL and At top prod. Interval reported below 11. SEC, T., R., M., OR BLOCK OF AREA and 165 0 ELOF At total depth Sec 21, T-1 50ml COUNTY OR 14. PERMIT NO. DATE ISSUED PARISH 15. DATE SPUDDED 18. ELEVATIONS (DF, RKB, RT, GR, ETC.). 16. DATE T.D. REACHED | 17. DATE COMPL. (Ready to prod.) 19. ELEV 10-14-7 9-7 10-23-10-2 602 2 72 -2-20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 23 INTERVALS ROTARY TOOLS CABLE TOOLS MULTIPLE COMPL. IE HOW MANY DRILLED BY 4200 25. WAS DIRECTIONAL SURVEY MADE 24. PRODUCING INTERVAL(S), OF COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* 00 - 3765 N Bottom 27. WAS WELL CORED 26. TYPE ELECTRIC AND OTHER LOGS RUN CASING RECORD (Report all strings set in well) 28 CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD) HOLE SIZE CEMENTING RECORD AMOUNT PULLED $\overline{\mathcal{O}}$ U 0 # Circ-425 11 LINER RECORD 29 30. TUBING RECORD SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD) DEPTH SET (MD) PACKER SET (MD) SIZE 27 2.01 3766,61,81,85,38,3774, 3810, 13,3817; ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 3918; 20; 23; 3733; 35; 3937; 4008; 400) 410 -073 2000 87.2 4058 4073,77,83,4088,4104,4107 000 00 PRODUCTION 000 33.* DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type กนทเท sigt-in) 2 07. HOURS TESTEL PROD'N. FOR TEST PERIOD -BBL. GAS-DIL RATI CHOKE SIZE GAS-MCF WATER-BBL. 65 Ż 0 \mathcal{S} 2 OIL GRAVITY-API (CORR.) TUBING PRESS. CASING PRESSURE CALCULATED OIL--BBL. GAS--MCF. WATER-BBL 24-HOUR RATE 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED nr. J 35. LIST OF ATTACHMENTS 36. I hereby certify that the forgoing and attached information is complete and correct as determined from all available records DATE 11-17 ober Den. SIGNED TITLE UL *(See Instructions and Spaces for Additional Data on Reverse Side)

				FORMATION TOP BOTTOM	37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROBITY AND CONTENTS T DEFTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN,	 General: This form is designed for submitting a complete and correct well completion report and log on all types of both, pursuant to applicable Federal and/or State laws and regulations. Any meessary special instruction and/or State of the second is submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate shown below and pressure tests, and directional surveys, should be attached hereto, to the extent required by applications. Hem 4: If there are no applicable State requirements, locations on Federal or Indian land should be describ for Federal office for specific instructions. Hem 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in the 32. State Completion report on this form for each additional interval to be separately produced, showing the additional data pertinent to such interval to the separate completion report on this form for each interval to be separate completion report on this form for each interval to be separately produced. (See 33: Submit a separate completion report on this form for each interval to be separately produced. (See 35: SYMMARY OF POROU'S ZONES : 	
ILS GOVEDNMENT BOINTING OFFICE 1003 - O-583636				DESCRIPTION, CONTENTS, ETC.	(MARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DELTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES	(Shire se pire se file	INSTRUCTIONS
	0	San Andres Louington	Queen	NAMB	38. GEOLOGIC	Il types of lands and leases to either a Federal agency or a State agency rions concerning the use of this form and the number of copies to be helow or will be issued by, or may be obtained from, the local Federal trate completions. "rs, geologists, sample and core analysis, all types electric, etc.), forma- plicable Federal and/or State laws and regulations. All attachments scribed in accordance with Federal requirements. Consult local State neuts given in other spaces on this form and in any attachments. "Submit a separate report (page) on this form, adequately: identified, real. (See instruction for items 22 and 24 above.) []	
		3876 4021		MEAS. DEPTH	HC MARKERS	Pederal agency or and the number obtained from, th s, all types electr ad regulations	
871-233				P TRUE VERT. DEPTH	<u>,</u>	y or a State agency, ther of copies to be n, the local Federal lectric, etc.), forma- s. All attachments Consult local State attachments. show the producing lequately identified, ting tool.	