

(Form C-104)
Revised 7/1/57

New Well Recompletion

.....
(Place) 29, 1967
(Date)

John J. Kelly, State of New York, Well No. 2, in 1/4 SW 1/4,
(Company or Operator) (Lease)
Sec. 34, T. 40, R. 57, NMPM, Huront Pool

Please indicate location:

Elevation 300 Total Depth 3012 PSTD 3014

Top Oil/Gas Pay 5/71 Name of Prod. Form. 111201

PRODUCING INTERVAL -

Perforations 1000-1001 1002-1003 1004-1005 1006-1007

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ 1 _____ Tubing _____ 3095

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): 1.7 bbls. oil, 6 bbls water in 1.2 hrs, min. Size 1 1/2 Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Press. 240 Tubing Press. 240 Date first new oil run to tanks 12-27-66 oil + 27,000 sold.

Oil Transporter Self Discharge

~~Gas Transporter Continental Corporation~~

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved.....11-29-57 3....., 19.....

OIL CONSERVATION COMMISSION

By: John D. Kelly (Company or Operator)
Kenneth D. McJannet (Signature)

By: [Signature] Title: Production Superintendent

Title

Name John G. Ellis

Address.....71, CG-22, 90 Ex Co