

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved
Budget Bureau No. 12-10555

1. LEASE DESIGNATION AND SERIAL NO.

2. IF INDIAN, ALLOTTEE OR TRUST NAME

3. UNIT ACREMENT NAME

4. CORRELATION OF FORM

5. WELL NO.

6. FIELD AND POOL, OR WILDCAT

7. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

8. COUNTY OR PARISH

9. STATE

10. DATE WELL REACHED

11. DATE COMPL. (Ready to prod.)

12. ELEVATIONS (LT, RKB, RT, GR, ETC.)*

13. ELEV. CASINGHEAD

14. TOTAL DEPTH, MD & TVD

15. PLUG BACK T.D., MD & TVD

16. IF MULTIPLE COMPL., HOW MANY*

17. INTERVALS DRILLED BY

18. ROTARY TOOLS

19. CABLE TOOLS

20. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

21. WAS DIRECTIONAL SURVEY MADE

22. TYPE ELECTRIC AND OTHER LOGS RUN

23. WAS WELL CORED

24. CASING RECORD (Report all strings set in well)

25. LINER RECORD

26. TUBING RECORD

27. PERFORATION RECORD (Interval, size and number)

28. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

29. PRODUCTION

30. DATE FIRST PRODUCTION

31. PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

32. WELL STATUS (Producing or shut-in)

33. DATE OF TEST

34. HOURS TESTED

35. CHOKER SIZE

36. PROD'N. FOR TEST PERIOD

37. OIL—BBL.

38. GAS—MCF.

39. WATER—BBL.

40. OIL GRAVITY-API (CORR.)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐2. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☒ DEEP RESER. ☐ Other ☐

3. NAME OF OPERATOR

4. ADDRESS OF OPERATOR

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 660' FNL + 1980' FWL of Sec 29, T-205, R-38E, T2a

At top prod. interval reported below

At total depth Same as

14. PERMIT NO.

DATE ISSUED

15. DATE WELL REACHED

16. DATE COMPL. (Ready to prod.)

17. ELEVATIONS (LT, RKB, RT, GR, ETC.)*

18. ELEV. CASINGHEAD

19. TOTAL DEPTH, MD & TVD

20. PLUG BACK T.D., MD & TVD

21. IF MULTIPLE COMPL., HOW MANY*

22. INTERVALS DRILLED BY

23. ROTARY TOOLS

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25. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

26. WAS DIRECTIONAL SURVEY MADE

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38. DATE OF TEST

39. HOURS TESTED

40. CHOKER SIZE

41. PROD'N. FOR TEST PERIOD

42. OIL—BBL.

43. GAS—MCF.

44. WATER—BBL.

45. OIL GRAVITY-API (CORR.)

46. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

47. TEST WITNESSED BY

48. LIST OF ATTACHMENTS

49. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

50. SIGNED

51. TITLE

52. DATE

* (See Instructions and Spaces for Additional Data on Reverse Side)

General: This form is designed for submitting a complete and correct well completion report and log on all types of wells and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal land/or State office. See instructions on items 10 and 24, and 52, below regarding separate completions.

If not filed prior to the time this summary report is submitted, copies of all currently available logs (drillers', geologists', sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 20.

should be listed on this form; see item 25. Item 4: If there are no applicable State requirements, locations on Federal or Indiana land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 10: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Species Comment": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.
Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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