

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

ATTACHMENT (1)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____										5. LEASE DESIGNATION AND SERIAL NO. NM-15035																																																																	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____										6. IF INDIAN, ALLOTTEE OR TRIBE NAME Antelope Ridge																																																																	
2. NAME OF OPERATOR Natomas North America, Inc.										7. UNIT AGREEMENT NAME Antelope Ridge																																																																	
3. ADDRESS OF OPERATOR 1000 First Place, Tulsa, OK. 74103										8. FARM OR LEASE NAME Supron-Fed. Comm. "14"																																																																	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FWL & 1980 FSL, Sec. 14-23S-34E At top prod. interval reported below At total depth										9. WELL NO. 1																																																																	
14. PERMIT NO. _____ DATE ISSUED _____										10. FIELD AND POOL, OR WILDCAT Antelope Ridge																																																																	
15. DATE SPUDDED _____ 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) _____										11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 14-23S-34E																																																																	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* _____										12. COUNTY OR PARISH _____ 13. STATE _____																																																																	
20. TOTAL DEPTH, MD & TVD _____ 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____										19. ELEV. CASINGHEAD _____																																																																	
23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS _____										24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) _____																																																																	
25. TYPE ELECTRIC AND OTHER LOGS RUN _____										26. WAS DIRECTIONAL SURVEY MADE _____																																																																	
27. WAS WELL CORED _____										28. WAS WELL Cased _____																																																																	
29. CASING RECORD (Report all strings used in well) <table border="1" style="width:100%"><thead><tr><th>CASING SIZE</th><th>WEIGHT, LB./FT.</th><th>DEPTH SET (MD)</th><th>HOLE SIZE</th><th>AMOUNT PULLED</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>										CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED																																				30. TUBING RECORD <table border="1" style="width:100%"><thead><tr><th>SIZE</th><th>DEPTH SET (MD)</th><th>PACKER SET (MD)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		SIZE	DEPTH SET (MD)	PACKER SET (MD)																					
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35. LIST OF ATTACHMENTS _____										TEST WITNESSED BY Bob Carter																																																																	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																																																																											
SIGNED <u>Thy Stouch</u> TITLE Admin. Coordinator DATE 10/20/80																																																																											

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