

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE

(See instructions on reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. LC 071949	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR SHELL OIL COMPANY		7. UNIT AGREEMENT NAME ANTELOPE RIDGE UNIT	
3. ADDRESS OF OPERATOR P. O. BOX 991, HOUSTON, TX 77001		8. FARM OR LEASE NAME ANTELOPE RIDGE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' FNL AND 1980' FEL, Sec. 27, T23S, R34E At top prod. interval reported below SAME At total depth SAME		9. WELL NO. 7	
14. PERMIT NO. 30 025 26668 DATE ISSUED		10. FIELD AND POOL, OR WILDCAT ATOKA/MORROW	
15. DATE SPUDDED 3-27-80 16. DATE T.D. REACHED 9-21-80 17. DATE COMPL. (Ready to prod.)		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA UNIT LETTER G.	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3471' GR		12. COUNTY OR PARISH LEA 13. STATE NM	
20. TOTAL DEPTH, MD & TVD 13,574'		19. ELEV. CASINGHEAD	
21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 13,183' - 13,413' (MORROW)	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN DLL/BHC/CNL	
27. WAS WELL CORED		28. WAS WELL CURED	
29. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
SEE ATTACHED			
CEMENTING RECORD		AMOUNT PULLED	
30. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
5"	13,574'		285sx C1 H
31. TUBING RECORD		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
SIZE	DEPTH SET (MD)	AMOUNT AND KIND OF MATERIAL USED	
		13,183-13,413 6000 gals Morrow flow BC acid	
33. PRODUCTION			
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		
	FLOWING		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
4-8-81	24	40/64	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL. GAS—MCF. WATER—BBL.
700	PACKER		7 2000 58
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) SOLD			
35. LIST OF ATTACHMENTS			
LOGS, DEVIATION RECORD			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>A. J. Fore</i> A. J. FORE		TITLE SUPERVISOR REG./PERMITTING	
		DATE JUNE 2, 1981	

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

STORM CHOKE

TYPE _____ LOC. _____

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands 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 agency.

submitted, particularly with regard to local, area, or regional procedures. See instructions on items 22 and 24, and 83, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations 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 35. Consult local State

Item 4: If there are no applicable State requirements, locations on this form and in any attachments.

Item 22: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and the location of the cementing tool.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of each cementing zone. (See instruction for items 22 and 24 above.)

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instructions on page 1.)