UNITED STATES

SUBMIT IN DUPLICATE*

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

DEPARTMENT	OF	THE	INTERIOR
GEOLOG	ICAI	SHE	/FV

(See other instructions on reverse side)

Budget Bureau No. 42-R355.5.

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EASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY	LC-062749(C)
WELL COMPLETION OR RECOMPLETION REPORT AND LO	I R ID INDIAN ACCOMPTE OF TRIBE NAME 🖊
1a. TYPE OF WELL: OIL GAS WELL DRY Other	7. UNIT AGREEMENT NAME
b. TYPE OF COMPLETION:	
NEW WELL WORK DEEP PLUG DIFF. Other	S. FARM OR LEASE NAME
Continental all Compo	Thorpson 18 Federa
ADDRESS OF OPERATOR 460 Hardel A Tractic	5
1. LOCATION OF WILL (Report location clearly and in accordance with any State requirements).	10. FIELD AND POOL, OR WILDCAT MORTH
At surface	11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
At top prod. interval reported below 1980 FWL of Sec 18	
At total depth	Sec/8, T-265-R-3
56ml 14. PERMIT NO. DATE INSCED	Sec/8, T-265R-3 12. COUNTY OF 13. STATE PURISH PURISH N. M. M. K. C.
5. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS	S (DF, RKB, RT, GR, ETC.) 19. ELEV. CASINGHEAD
1-26-72 1-2-73 1-22-73 323	30 oct-a.F.
	INTERVALS ROTARY TOOLS CABLE TOOLS DRILLED BY
4. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)	25. WAS DIRECTIONAL
TOP-4360'	SCRVEY MADE
Base - 4394' North M	250 Relayone 27. WAS WELL CORED
SNP and LL-9	-20-
. CASING RECORD (Report all strings set in well)	
	CEMENTING RECORD AMOUNT PULLED
5½" 14# 1000 124 5 5½" 14# 4480' 7½"	300 Rocks
LINER RECORD 30.	TUBING RECORD
SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT SCREEN (MD) SI	ZE DEPTH SET (MD) PACKER SET (MD)
N/A 2	28" 4-385
PERFORATION RECORD (Interval, size and number) 32. ACID, SH	OT, FRACTURE, CEMENT SQUEEZE, ETC.
4,66,68,70,72,74,76,78, DEPTH INTERVAL (MD) ond 4382	AMOUNT AND KIND OF MATERIAL USED
4364-4387	2 1/000 c c s - coude
and 4382	and 4/1000 \$ 1.7403 a
• PRODUCTION	,
PRODUCTION TR FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of	
1-22-73 Pumping	(Producen
TE OF TEST HOURS TESTED CHOKE SIZE PROFIN. FOR TEST PERIOD GAS-	-MCF, WATER-BL. GAS-OIL RATIO
OW. TUBING PRESS. CASING PRESSURE CALCULATED OIL-BBL. GAS-MCF.	WATER-HBL. OIL GRAVITY-API (CORR.)
<u>→</u>	
4. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	Mr. M.K. Chambless

INSTRUCTIONS

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 nocessary 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 and/or State office. See instructions on items 22 and 24, and 33, 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.), 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 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Hem 18: 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. Hems 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.

Hem 29: "Sacks Coment": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the comenting tool.

Hem 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

PORMETON CONTENTS BY: DECL. SAME ALS. DEPTH THE VALUE VALUE OF THE VALUE VAL	37. SUMMARY OF POS SHOW ALL IMPO DEPTH INTERVA	ROUS ZONES: ORTANT ZONES OF PO L TESTED, CUSHION	CSED, TIME TOOL O	37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES	38. GEOLOG	GEOLOGIC MARKERS	
4356	FORMATION	TOP	воттом	DESCRIPTION, CONTENTS, ETC.		TOF	7
<i>₽</i>				The state of the s	>A225		TRUE VERT. DEPTH
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