SUBMIT IN DUPLICATE* UNITE STATES

Form approved.

| EPARTMENT | OF | THE | INT | ERIOR |
|-----------|------|--------|-----|--------------|
| GEOLOG | ICAL | . SUR\ | /EY | |

(See other instructions on reverse side)

| Budget | Bureau | No. | 42-R355.5 |
|--------|--------|-----|-----------|
| | | | |

| | | EOLOGICA | | | К | struction reverse s | | ATION AND SERIAL N |
|-----------------------------|------------------------------------|-------------------------|----------------------------|-----------------|---------------------------------------|------------------------|---------------------------------------|---------------------------------|
| | DMPLETION | | APLETION | REPORT | AND | LOG | 6. IF INDIAN, AL | LOTTEE OR TRIBE NA |
| 1a. TYPE OF WE | WELI | WELL WELL | , DRY | : Other | | | 7. UNIT AGREEMI | ENT NAME |
| b. TYPE OF COI | WORK DEEP OVER EN | PLUG BACK | DIFF | Other | · · · · · · · · · · · · · · · · · · · | | S. FARM OR LEAS | SE NAME |
| 2. NAME OF OPER | Wents/ | 0,10 | m Dan | v | | | 9. WELL NO. | ar UNIT |
| O. AIDRESS OF OF | ERAIUA | to the second second | • | | | | 60 |) |
| 4. LOCATION OF W | 166 Hol | clearly and in a | ccordance with a | ny State requ | irements) |) * | E/ Mar | DOL, OR WILDCAT |
| At surface At top prod. in | -5L g /65 nterval reported belo | O'FEL | 0F 500 | c, 35 | | | 11. SEC., T., R., M OR AREA | ., OR BLOCK AND SURVI |
| At total depth | E | | | - | | | Sec. 35, 7. | 265, R-32 |
| 5AM | | | 14. PERMIT NO | , | DATE IS | SUED | 12. COUNTY OR PARISH | 13. STATE N.M |
| 15. DATE SPUDDED 12.23.76 | 16. DATE T.D. REA | 7 . | 27-77 | to prod.) 1 | 8. ELEVAT | TIONS (DF, R | KB, RT, GR, ETC.) • 19 | ELEV. CASINGHEAD |
| 20. TOTAL DEPTH, MD 4665 | 46 | BACK T.D., MD & 1 | HOW | LTIPLE COMPL | | 23. INTERVA | | CABLE TOOLS |
| 24. PRODUCING INTE | 6'- 45-9 | OMPLETION—TOP, | BOTTOM, NAME (| (MD AND TVD) | * | | 10127 | 25. WAS DIRECTIONAL SURVEY MADE |
| | | | /zwar. | E | | | | 405 |
| DIL, I | AND OTHER LOGS RU | <i></i> | | | | | 27. | WAS WELL CORED |
| CASING SIZE | WEIGHT, LB./FT | | (MD) H | port all string | s set in u | | ING RECORD | 1 |
| 878" | 244 | 650 | • | 12411 | | 400 | 5 X | MNE |
| 5.4 | 15.5 H | 4665 | | 77/8" | | 330 | | More. |
| | | | | | 1 | | · · · · · · · · · · · · · · · · · · · | |
| 9. | | NER RECORD | | | | 0. | TUBING RECORD | |
| 3120 | TOP (MD) | OTTOM (MD) | SACKS CEMENT* | SCREEN (M | | 2 3/8" | 460 U | PACKER SET (MD) |
| 1. PERFORATION RE | CORD (Interval, size | and number) | | 32. | ACID, | SHOT, FR | ACTURE, CEMENT SQ | UEEZE, ETC. |
| 4556. | 4578 | | | DEPTH IN | | | AMOUNT AND KIND OF | |
| 4582 - | 4592 | | | | | 16 | Ne. | 1 |
| w/2 | TSPF | | | | | | | |
| 3.* | | | PRO | DUCTION | | | | |
| ATE FIRST PRODUCT | ION PRODUCT | TON METHOD (Flo | | | and type | of pump) | WELL STATI | S (Producing or |
| ATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL—BBL. | <i>vg W</i> | AS-MCF. | WATER-BBL. | SHUT IN GAS-OIL RATIO |
| LOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL—BBL. | GAS- | MCF. | WAT | ER-BBL. OIL C | GRAVITY-API (CORR.) |
| 4. DISPOSITION OF G | AS (Sold, used for fu | el, vented, etc.) | <u> </u> | | | | TEST WITNESSED I | 3 Y |
| 5. LIST OF ATTACH | MENTS | | | · | | | | ·. |
| | that the foregoin | | | | | | | |

*(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 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 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.

Item 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.

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 38. 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: "Sacks Cement": 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.)

| SUMMARY OF PORCE SHOW ALL IMPORE DECTH INTERVAL FORMATION | OUS ZONES: TANT ZONES OF PO TESTED, CUSHION TOP | ROSITY AND CONTENUESED, TIME TOOL O | TS, INCLUDING | 38. GEOLOG | GEOLOGIC MARKERS TOP MEAS. DEPTH TRUE VERT. DEPTH |
|---|---|-------------------------------------|---------------|------------------------------|---|
| | | | | Base Cowden salt Lamar | } |
| | | | | Romsey | 4552 |
| | | | | | |
| | | | | | |
| - | | | | | |
| | | | | | |