SIGNED		• • • ALEY	1 100	10.0	÷	1		1 1 .	
I hereby certify that the	e foregoing an Oatta	6141d Singhtmation STALEY	is comple	ete and correc	t as deteri	mined from	all available records		
LIST OF ATTACHMENTS	7662								
· JAC 1	1, vonte	w, 000.)			· · · · · · · · · · · · · · · · · · ·		TEST WITNESSED F	37	
DISPOSITION OF GAS (Sold						WATER	-BBL. OIL C	CRAVITY-API (CORR.)	
		LATED OIL-UR RATE	-BBL.	GAS-M		<u>74</u>	4	199 J	
De of test Hours	S TESTED CHOK	E SIZE / PROD	N. FOR PERIOD	OIL-BBL.	<u>C</u> GAS	-MCF.	WATER-BEL.	CALL CA	
10-31-6d	- 4/201	rhod (Flowing, g	as lift, pi	umping—size a	nd type of	pump)	WELL STAT	us (Producing or	
* FIRST PRODUCTION	PRODUCTION ME	THOD (Fig.)	PROI	DUCTION					
598-5601, 5		664-72!							
495-5501, 5	5558-6	5					and		
424-34,54	470-72	_					NT AND KIND OF MATERIAL USED		
PERFORATION RECORD (I	nterval, size and nu	mber)	·	32.	32. ACID, SHOT, FRACTUR			E. CEMENT SQUEEZE, ETC.	
PERFORMAN					2	1/2."	5399	5360	
SIZE TOP	(MD) BOTTOM	(MD) SACKS	CEMENT*	SCREEN (MI		SIZE	TUBING RECORD DEPTH SET (MD)	PACKER SET (MD)	
9. ST25	LINER R	ECORD			30.		TURING		
	/					·····		-	
<u></u>	<u>146 4 2000</u>	2461	120	Reed	15				
	ie			OLE SIZE		CEMENTIN	G RECORD	AMOUNT PULLED	
	EIGHT, LB./FT.	CASING REC DEPTH SET (MD)		port all string	s set in we			17221	
3.				:	1		27.	WAS WELL CORED	
6. TYPE ELECTRIC AND OT	THER LOGS RUN	EBRY						1-2-2-0	
5424-51-03	1				1			25. WAS DIRECTIONAL SURVEY MADE	
4. PRODUCING INTERVAL (S	s), OF THIS COMPLET	TON-TOP, BOTTO	M, NAME	(MD AND TVD)	*	>		25	
10525	E.C.	201	HOW	LTIPLE COMPL MANY*		3. INTERVAL DRILLED H	S ROTARY TOOLS	CABLE TOOLS	
0. TOTAL DEPTH, MD & TVD	21 DIVIG	11-11	- 6- 21		324	ons (df, re $(\mathcal{F}, \mathcal{P})$	B, RT, GR, ETC.)* 1	9. ELEV. CASINGHEAD	
	DATE T.D. REACHED	17. DATE COMP	L. (Ready	to prod.) -	0		PARISH	12/122	
0 C		14.	PERMIT N	:0.	DATE ISS	UED	12. COUNTY OR	37 NMP	
At total depth				•			15.0%	27 NINO	
At top prod. interval	FTUL X ELD reported below	r ch de	0190	linet F	1,58/	4 NÉ/4	11. SEC., T., R., OR AREA	M., OR BLOCK AND SURVEY	
4. LOCATION OF WELL (A At surface	FAI VEIM	n ana in decorde	ance with	any State requ	(irements)	*		si the actor	
4. LOCATION OF WELL TI	All-1-1-1	77777	68	240			10. FIELD AND	POOL, OR WILDCAT	
3. ADDRESS OF OPERATOR	B)/	<u>0/272</u>	<u>1:010</u>	1.222 6	<u>621</u>	2	9. WELL NO.	<u>Called Cond</u>	
2. NAME OF OPERATOR	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	10.7		Other			S. FARM OR LE	LASE NAME	
WELL WO	RK DEEP-	PLUG BACK	DIFF. RESVR.	0.0					
b. TYPE OF COMPLE	WELL X	GAS WELL	DRY	Other			7. UNIT AGREE	MENT NAME	
WELL COMP Ia. TYPE OF WELL:	PLETION OR	RECOMPL	ETION	REPORT	AND	LOG *	6. IF INDIAN,	ALLOTTEE OR TRIBE NAM	
	GEO	LOGICAL	SURVE	ΞY		reverse s	ide) 5. LEASE DESI	IGNATION AND SERIAL NO	
Ĩ	DEPARTME	NITED ST	THE I			OUPLICATE (See othe struction	rin- Bu	orm approved. Idget Bureau No. 42–R355.	
((IN			_		,			
Form 9-330 (Rev. 5-63)						680	Χ.		

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SUPY TO D. C. C.

INSTRUCTIONS

A GO ONTIX

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 of the and 3, below regarding separate reports for separate completions.

tion and pressure tests, 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.), forma-tion 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

or Federal office for specific instructions. should ltem 4: be listed on this form, see item 35 If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State

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 ÷

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

V900 VERQ

37. SUMMARY OF POROUS ZONES: SHOW ALL INFORTARY ZONES OF FOROSITY 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 FORMATION TOP BOTTOM U.S. GOVERNMENT PRINTING OFFICE : 1963-0-683636 DESCRIPTION, CONTENTS, ETC. 2 38 NAME GEOLOGIC MARKERS MEAS. DEFTH TOP TRUE VERT. DEPTH