UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137 Expires:

5. Lease Serial No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Well Oil Well Gas Well Dry Other Completion: New Well Work Over Deepen Plug Back Diff. Resvr.,								6. If Indian, Allottee or Tribe Name				
	Ot	her:							7. Unit or C	CA Agreemen	t Name and No.	
Operator									8. Lease Na	ame and Well	No.	
3. Address 3a. Phone No. (include area code)										9. API Well No.		
of Well (Re	eport loc	ation clearl	ly and in accorde	ance with Federa	ıl requiremen	ts)*			10. Field ar	nd Pool or Exp	oloratory	
e											lock and	
d. interval r	eported	below							12. County	or Parish	13. State	
pth idded		15. Da	ate T.D. Reached	1	16. D	ate Completed			17. Elevation	ons (DF, RKI	3, RT, GL)*	
onth: MD			10 Dlu	a Back T D · M	MD.	D & A Ready to Prod.				Sot: MD		
TVI	D			7					TVD			
							Was DS	Γrun?	No No No	Yes (Submit Yes (Submit Yes (Submit	report)	
					Stage Ce	menter No	of Sks &	Shirry V	ol			
Size/Gra	ade V	Wt. (#/ft.)	Top (MD)	Bottom (MD)						nent Top*	Amount Pulled	
					1				<u> </u>		I	
Depth S	Set (MD) Packer	Depth (MD)	Size	Depth Set	(MD) Packe	r Depth (MD)	Size	Dep	th Set (MD)	Packer Depth (MD)	
ng Intervals					26. Per	foration Record						
Formation	n		Тор	Bottom Per		forated Interval		Size No.		o. Holes Perf. Status		
acture, Trea	atment, C	Cement Squ	eeze, etc.							1		
Depth Inter	val					Amoun	and Type of N	I aterial				
on - Interva	al A	1										
Test Date	Hours Tested	Test Product	Oil ion BBL			Oil Gravity Corr. API	Gas Gravity	Produc	tion Method			
Tbg. Press.	Csg.	24 Hr.	Oil	Gas N	Vater	Gas/Oil	Well Statu	ıs				
Flwg.		Rate	BBL ▶			Ratio						
		In	lo:		**	lou a		le .				
Test Date	Hours Tested					Oil Gravity Corr. API	Gas Gravity	Produc	tion Method			
Flwg.		24 Hr. Rate	Oil BBL			Gas/Oil Ratio	Well Statu	1S				
	Operator Operator Of Well (Rate of Well (R	Completion: N Of Operator Of Well (Report location) of Well (Report locat	Completion: New Well Other:	Completion: New Well Work Over Other: Operator Operator Is Date T.D. Reached operated below Operator Is Date T.D. Reached operated op	Completion: New Well Work Over Deepen Other:	Completion: New Well Work Over Deepen Plug Back Other:	Operator Operator Other:	Completion: New Well Work Over Deepen Plug Back Diff. Resvr., Other:	Completion: New Well Work Over Deepen Plug Back Diff. Resvr.	Completion: New Well Work Over Deepen Plug Back Diff. Resvr.	Completion: New Well Work Over Deepn Plug Back Diff. Resvr.	

^{*(}See instructions and spaces for additional data on page 2)

201. Dec 1		1 C										
Date First	uction - Inte Test Date	Hours	Test	Oil	C	Water	Oil Gravity	-	Gas	Production Method		
Produced	Test Date	Tested	Production	BBL	Gas MCF	BBL	Corr. API		Jas Gravity	Production Method		
rioduced		resteu	Fioduction	DDL	MCF	DDL	Coll. AFI		Jiavity			
Choke	Tbg. Press	. Csg.	24 Hr.	Oil	Gas	Water	Gas/Oil	V	Well Status	-		
Size	Flwg.	Press.	Rate	BBL	MCF	BBL	Ratio					
	SI											
28c. Prod	28c. Production - Interval D											
Date First	Test Date	Hours	Test	Oil	Gas	Water	Oil Gravity		Gas	Production Method		
Produced		Tested	Production	BBL	MCF	BBL	Corr. API	C	Gravity			
Choke	Tbg. Press	Coo	24 Hr.	0:1	Cara	Water	Gas/Oil	v	Well Status			
Size	Flwg.	Press.	Z4 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Ratio	v	ven Status			
Size	SI	1 1033.	Tale	DDL	IVICI	DDL	Ratio					
29. Dispo	sition of Ga	s (Solid, us	sed for fuel, ve	ented, etc.)		· ·						
		(,	J,	,,								
30. Summary of Porous Zones (Include Aquifers): 31. Formation (Log) Markers												
Show a	all importan	t zones of p	porosity and c	ontents the	ereof: Cored i	intervals and all	l drill-stem tests	3,				
		terval teste	d, cushion use	ed, time to	ol open, flowi	ng and shut-in p	pressures and					
recove	ries.											
			1									
			ъ		Descriptions, Contents, etc.						Тор	
Formation		Top	Bottom		Desc	criptions, Conte	ents, etc.			Name	Meas. Depth	
32 Addit	ional remar	ks (include	plugging pro	cedure).				I				
52. Hudii	ionai ionai	ns (merade	prugging pro	ccaure).								
22 T. I'.		1 1.				appropriate bo						
55. Indica	ate which ite	ems nave b	een attached t	by placing	a cneck in the	appropriate bo	oxes:					
Electrical/Mechanical Logs (1 full set req'd.) Geologic Report DST Report										Directional Survey		
									•	Directional Survey		
Sundry Notice for plugging and cement verification Core Analysis Other:												
24 T1 -1 -26 database -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1												
34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*												
Name (please print) Title												
S	ignature						Date					
-												

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Continued on page 3) (Form 3160-4, page 2)

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wells on Federal and Indian leases to a Federal agency, pursuant to applicable Federal 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 office. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEM 4: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 17: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 23: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

NOTICES

The Privacy Act of 1974 and the regulation in 43 CFR 2.48 (d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. et seq.; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING INFORMATION: Filing of this report and disclosure of the information is required to obtain or retain a benefit.

The Paperwork Reduction Act of 1995 requires us to inform you that:

The BLM collects this information to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is required to obtain or retain a benefit.

The BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT: Public reporting burden for this form is estimated to average 4 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer (WO-630), 1849 C Street, N.W., Mail Stop 401 LS, Washington, D.C. 20240.