RECORD OF SHOOTING OR CHEMICAL TREATMENT

Size	Shell used	Explosive or chemical used	Quantity	Date	Depth Treated		Depth cleaned out
					From	To	
1							
2							
3							

RECORD OF DRILL STEM TESTS AND SPECIAL TESTS

Submit reports on separate sheet showing depths, dates, duration of tests, results and attach hereto.
Rotary tools used from.....feet to.....feet, and from.....feet to.....feet.
Cable tools used from.....feet to.....feet, and from.....feet to.....feet.

PRODUCTION

Put on production....., 19..... Time.....(a. m.) (p. m.)

FOR FLOWING WELL:
Flowing pressure on casing.....lbs./sq. in.
Flowing pressure on tubing.....lbs./sq. in.
Size of tubing..... No. feet run.....
Size of choke..... Make choke.....

FOR PUMPING WELL:
Length of stroke used.....inches.
Number strokes per minute.....
Size of working barrel.....

FOR OIL WELL:
Production of first 24 hours was .....barrels of fluid.
Percent oil.....
Percent water.....
Percent sediment.....
Percent emulsion .....
Gas-oil ratio this well.....(cu. ft. gas per barrel of oil).

FOR GAS WELL:
Cubic feet of gas first 24 hours.....
Gallons of gasoline per MCF gas.....

LOGS AND ADDITIONAL RECORDS

	Type of survey	Top	Bottom	Date	Company
1	BHC Sonic - GR	28	5553	10-15-68	SJ
2	Neutron Porosity	488	5553	10-15-68	SJ
3	Dual Induction - Laterolog	488	5553	10-15-68	SJ
4	Formation Density	488	5553	10-15-68	SJ
5					
6					
7					
8					
9					
10					

Attach to this record two (2) copies of all formational, electrical, radioactivity logs and deviation surveys.

I hereby certify that the information given herewith is a true, correct and complete record of this well and all work done on it so far as can be determined from the available records.

Name.....M. D. Taylor
Position.....District Production Manager
Company or Operator.....Gulf Oil Corporation
Address.....Post Office Box 1938
City.....Roswell State.....New Mexico
Date.....October 23, 19 68