



FORMATION RECORD

Give name, top, bottom and description of all formations encountered, and indicate oil, gas and water bearing intervals, cored sections and drill stem tests.

FORMATION NAME	TOP	BOTTOM	DESCRIPTION AND REMARKS
	0'	80'	Overburden
	80'	4400'	Mancos Shale
	4400'	4445'	Sand

DABING RECORD

SIZE	WT PER FT	GRADE	DEPTH LABELED	NO STR CMT	W.O.C	PRESSURE TEST
7"			343'			

RECORD OF SHOOTING AND/OR CHEMICAL TREATMENT

DATE	SHELL BURN DRIVE OR CHEMICAL USED	QUANTITY	ZONE	REMARKS

DVR
WRS
HMM
JAM
TP
LD
H/E

If flowing well, did this well flow for the entire duration of this test without the use of swab or other artificial flow device? Shut-in pressure \_\_\_\_\_ Size of choke \_\_\_\_\_ Size of tubing \_\_\_\_\_ in No test run \_\_\_\_\_ Flowing pressure on top \_\_\_\_\_ lb/in. \_\_\_\_\_ Number of strokes per minute \_\_\_\_\_ Depth of pump \_\_\_\_\_ ft \_\_\_\_\_

TEST RUN TO BE MADE ON DAY \_\_\_\_\_  
 GAS VOL \_\_\_\_\_ GAL/DAY \_\_\_\_\_  
 GAS GRAVITY \_\_\_\_\_  
 TEST RUN TO BE MADE ON DAY \_\_\_\_\_  
 GAS VOL \_\_\_\_\_ GAL/DAY \_\_\_\_\_  
 GAS GRAVITY \_\_\_\_\_

SEE REVERSE SIDE