Rev. 12/05

Form 6	on and das dons	er vation commi	331011								
				PL	UGGIN	RECORD					
wells on pa	ns: Within thirty datented or Federal out form as comp	lands, and for v	vells on Sta	of a dry ho ate lands.	ole, or the ab Geological in	andonment of a proformation will be	roducing held conf	well, the owner idential for a pe	or operator shall eriod of twelve mo	submit this form for nths if requested in	
Operator	out to the do comp	otoly do podelol	<i>.</i>			API Number					
Address											
Well Numb	er	Lease Name				Field and Reservoir (Indicate if wildcat.)					
Well Locati QtrQtr.	on Sec	. Twp.	Range		County						
Footage Loc		from N S_	line,			Ft. from E	WI	ion			
Spud Date		Date Reached T.D.					Total D	epth	P.B.T.D.	P.B.T.D.	
Elevation	Reference (indicate) Producing rate on initial completi										
	KB	GL DF			Oil	(bbl/day)		Gas (MCF/day)	V	Water (bbl/day)	
Application	to drill well was filed	in name of:				Pro	ndonment				
					Oil	obl/day)		Gas (MCF/day)	V	Water (bbl/day)	
					CONDITIO	N OF HOLE					
	formation containing tions open to well be				Fluid Content	Depth Interval				depth of plugs used. Indicate nented giving amount of cement.	
Size, kind a	nd depth of any add	itional plugs:									
					CASING	RECORD					
Hole Size	Size Casing In O.D.	Weight Grade)	Setting Depth	Sacks Cement	Amount Recovered		Amount Left In Well	Method of Parting (Shot, Ripped, etc.)	
0.20	0.5.	250/11.			Борит	Comoni		1100070100	111 44011		
Was hole fi	lled with mud-lade	n fluid? Yes	No	•			•				
If this well w Plugging Lia	ras plugged back for ability, from surface of	use as a fresh wa	ater well, giv								
required. I/We hereby	swear that the state	ements herein ma	de are com	plete and co	orrect.						
						Signature					
						Signature					
	nole, complete well					Title					

Date

WELL LOG
Show important formations penetrated, with tops. Detail all cores. Report all drill stem tests, giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, fluid recovery and flow rate if gas to surface during test. Enclose one copy of each open-hole log run in well.

FORMATION RECORD															
Formation Name								Top of Formation Measured Depth, Ft				Top of Formation True Vertical Depth, Ft if Directional Well			
CORING RECORD															
Formation Name								Interval Cored				Core Recovery, Feet			
Enclo	se one cop	by of the core	e analys	is with this	Form 6.										
								ILL STEM TESTS							
DST Number	Top of Interval	Bottom of Interval	IHP	Pressure	HP Time	ISIE Pressure	Time	FFE Pressure	Time	FSIBHP Pressure Time		FHP	Description of Pipe Recovery		
	Additional	Information						_							
	Additional	Information													
Additional Information															
•	Additional	Information				•	•	•	•	•	•				

Additional Information: