



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☐ No  
(Attach Additional Sheets)Samples Sent to Geological Survey ☐ Yes ☐ NoCores Taken ☐ Yes ☐ NoElectric Log Run ☐ Yes ☐ NoElectric Log Submitted Electronically ☐ Yes ☐ No

(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
Name Top DatumCASING RECORD ☐ New ☐ Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

## ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run: ☐ Yes ☐ NoDate of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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## DISPOSITION OF GAS:

☐ Vented ☐ Sold ☐ Used on Lease

(If vented, Submit ACO-18.)

## METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
(Submit ACO-5) (Submit ACO-4)☐ Other (Specify) \_\_\_\_\_

## PRODUCTION INTERVAL:

\_\_\_\_\_  
\_\_\_\_\_

## Summary of Changes

Lease Name and Number: Randell 3319 1-35

API/Permit #: 15-033-21705-00-00

Doc ID: 1168832

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	11/12/2013	11/19/2013
Fluid Mngmt - County	Woods, OK	Grant County, OK
Fluid Mngmt - Fluid Volume	3050	1420
Fluid Mngmt - Operator License	56371	60374
Fluid Mngmt - Operator Name	Lojo Disposal	DFD Disposal
Fluid Mngmt - Quarter	SW	NE
Fluid Mngmt - Range	15	06
Fluid Mngmt - Section	10	30
Fluid Mngmt - Township	26	27
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1167219	../../kcc/detail/operatorEditDetail.cfm?docID=1168832