

Operator Name IGWT, INC.

Lease Name GAS STORAGE

Well # 33-1

Sec. 33 Twp. 33S Rge. 17

East

County MONTGOMERY

West

INSTRUCTIONS: Show important tops and base of formations penetrated. 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, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

Log Formation (Top), Depth and Datums Sample

Name Top Datum

List All E.Logs Run:

DUAL COMP N-D
 DUAL IND

CASING 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
SURFACE	12 1/4	8 5/8	24.0	20'	PORTLAND	6	
PRODUCTION	6 3/4	4 1/2	9.5	392	50/50 POZ	70	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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
4	343-348	300 GALLONS 15% HCL	

TUBING RECORD Size 2.375 Set At 371 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. SEPT. 9, 1999 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

(If vented, submit ACO-18.)