

API No. 15 — 083 — 20,603
County Number

Operator

Sidwell Oil & Gas, Inc.

Address

P. O. Box 2475 Pampa, Texas 79065

Well No.

#1

Lease Name

Davis

Footage Location

feet from (N) (S) line

feet from (E) (W) line

Principal Contractor

Geologist

Spud Date

Total Depth

P.B.T.D.

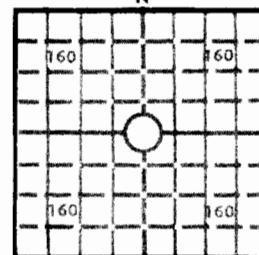
Date Completed

Oil Purchaser

S. 10 T. 23 R. 22 E W

Loc. C NW SW

County Hodgeman

640 Acres
N

Locate well correctly

Elev.: Gr. _____

DF _____ KB _____

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval

Size	Setting depth	Packer set at			

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated

INITIAL PRODUCTION

Date of first production		Producing method (flowing, pumping, gas lift, etc.)		
RATE OF PRODUCTION PER 24 HOURS	Oil	Gas	Water	Gas-oil ratio
	bbls.	MCF	bbls.	CFPB
Disposition of gas (vented, used on lease or sold)			Producing interval (s)	

INSTRUCTIONS: As provided in KCC Rule 82-2-125, within 90 days after completion of a well, one completed copy of this Drillers Log shall be transmitted to the State Geological Survey of Kansas, 4150 Monroe Street, Wichita, Kansas 67209. Copies of this form are available from the Conservation Division, State Corporation Commission, 3830 So. Meridian (P.O. Box 17027), Wichita, Kansas 66217. Phone AC 316-522-2206. If confidential custody is desired, please note Rule 82-2-125. Drillers Logs will be on open file in the Oil and Gas Division, State Geological Survey of Kansas, Lawrence, Kansas 66044.

perator

DESIGNATE TYPE OF COMP.: OIL, GAS,
DRY HOLE, SWDW, ETC.:

Well No.

Lease Name

S _____ T _____ R _____ E _____
W

WELL LOG

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN,
OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.

TOP

BOTTOM

NAME

DEPTH

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

Date Received

Signature

Production Superintendent

Title

5-8-79

Date