

RECEIVED

APR 17 1974



WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. UPRR CARLSON	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <u>ABANDON</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
2. NAME OF OPERATOR Mitchell Energy Corporation		7. UNIT AGREEMENT NAME ---	
3. ADDRESS OF OPERATOR 3900 One Shell Plaza, Houston, Texas 77002		8. FARM OR LEASE NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1980' FSL & 1980' FWL, SEC. 21 T 38 R61W At top prod. interval reported below At total depth		9. WELL NO. 21-2	
14. PERMIT NO. 73-870		DATE ISSUED 10/17/73	
15. DATE SPUDDED 10/25/73		16. DATE T.D. REACHED 10/31/73	
17. DATE COMPL. (Ready to prod.) 10/31/73 (Plug & Abd.)		18. ELEVATIONS (OF, BSB, BT, GR, ETC.) 5095 GR	
19. ELEV. CASINGHEAD		10. FIELD AND POOL, OR WILDCAT WILDCAT CARTWHEEL	
20. TOTAL DEPTH, MD & TVD 6950 MD		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SW SW SECTION 17-21 TOWNSHIP 2S R61W OF THE 6TH PRIN. MERIDIAN	
21. PLUG BACK T.D., MD & TVD ---		12. COUNTY ADAMS	
22. IF MULTIPLE COMPL., HOW MANY N/A		13. STATE COLORADO	
23. INTERVALS DRILLED BY ROTARY TOOLS X		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) Dry	
25. WAS DIRECTIONAL SURVEY MADE YES		26. TYPE ELECTRIC AND OTHER LOGS RUN	
27. WAS WELL CORED YES <input type="checkbox"/> NO <input type="checkbox"/> (Submit analysis) DRILL STEM TEST YES <input type="checkbox"/> NO <input type="checkbox"/> (See reverse side)			
28. CASING RECORD (Report all strings set in well)			
CASING SIZE 8 5/8"	WEIGHT, LB./FT.	DEPTH SET (MD) 223	HOLE SIZE
CEMENTING RECORD 225 SACKS		AMOUNT PULLED None	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT
NONE			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
NONE			
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
NONE		DVR	
		FJP	
		HHM	
		JAM	
		JJD	
33. PRODUCTION			
DATE FIRST PRODUCTION N/A		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) P & A	
WELL STATUS (Flowing or shut-in)			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
OIL—BBL.		GAS—MCF.	
WATER—BBL.		GAS-GEL RATIO	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>E. O. Veselka</u>		DATE 4-3-74	

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary report is filed, the local Federal and/or State office will be notified by the Bureau of Land Management.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38.

GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Top Fox Hills	430	
Btm Fox Hills	780	
Top Sussex	3950	
Top Niobrara	5960	
"X" Bentonite	6655	
Top "D" Sand	6755	
Top "J" Sand	6825	
Top Skull Creek	6860	