

IDAHO OIL AND GAS CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND WELL REPORT



DESIGNATE TYPE OF COMPLETION:

New W Well Name Operator:	e/Number	r: <u>B</u> a		2-14	epen [] Plu	g Bac	k∏ S	Same R	_us v	√ell N	umbe	erent Reser er: <u>11-07</u> : <u>Nathan</u>	5-20036		il □ G	as ■ I	Dry 🗌	
Address: _1	117 East	Cal	lhoun	St., P.O	. Box 5	500, Ma	agnol	lia, AR 7	71753										
Field & Res	servoir:_V	Wilde	cat Ida	aho						Cour	ıty: P	ayett	e						
Location: (SecTWF	P-Rai	nge or	Block & S	Survey):	Sec 14	, TWF	P 8N, Ra	nge 5V	^V _Date	Perm	it Iss	ued: <u>9/13</u>	/21					
Date spudded Date total depth reached 10/2/21 10/11/21					Date completed, ready to pro					2,176.9'			T, or GR)	or GR) Elevation of casing hd. Flang 2,164.4'			nd. Flange	_	
Total depth P.B.T.D. ¹ 4,575 4,505					Single, dual, or triple completion Single				ion	If this is a dual or triple completion, furnish septompletion. Enter NA or Multiple; see separate						ort for each	_		
_ ·					Rotary	y Tools used (interval)					Cable tools used (interval) NA							_	
					Yes ■	a directional survey made? ■ No					Was a copy of directional su filed? Yes ■ No ☐ NA [10/21/21				_
Type of electri Quad Combo						d with the commission)									Date filed 10/15/21 & 12/29/21			/21	_
Plug Back Total Depti	Plug Back Total Depth																		
Casing (repo	ort all strin	ngs s	et in we	ell—cond	uctor, sı	urface, ii	nterme		NG RE										
Purpos	<u>se</u>	Ī	Size H	ole Drilled	1 :	Size Ca	sing s	et \	Neight	(lb./ft.)	Depth set		Sacks	s Ce	ement	Amo	ount. Pulled	_	
Conductor 20"					16"					120									
Surface 12.25"					9.625"			36#			1,145'			547					
Production 8.5			3.5"	,"		5.5"		15.5#		4,550'		1	1,255				_		
																			_
		TL	JBING	RECORD)							LIN	IER RECO	RD					_
Size: (ft)	Tubing V) Packer set at:		et at: (t: (ft) Size: (ft)		То	p: (ft)	: (ft) Bottom: (ft)) Sacl	Sacks Cement:		Screen:	(ft)	_	
2-7/8"	6.5	5# 3,828'		3,828'													_		
									ı										_
PERFORATION RECOR				RECORI	₹D					ACID, SHOT, FRACTUR				RE, CEMENT SQUEEZE RECORD					
Number per ft.			Size & Type			Depth Interval				Amo	ount & Kind of Material Use			<u>Jsed</u>	d <u>Depth Interval</u>			<u>erva</u> l	
6 3-1/8" T			B" TCP G	Gun 3,906' - 3,			3,936'	36'										_	
																	_		
																			_
																			_
Date of First I	Productior	n:					,		-		•		ure tests nole pres	-			•		
Date of Test Hrs. Te			ested Choke Size			Oil Prod. During Test (bbls.)			1	Gas Prod. During Test (MCF)				Water Prod. During Test (bbls.)					
11/9/21 24			11/64			0.23			768					0					
Tubing Pressure (PSI) Casing Pressure 40				g Pressur	re (PSI)	B⊦	IP (PS	P (PSI) Oil 68		ravity */	API (Corr)			lift o	Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump):				
Cal'ted Rate per 24 hrs			Oil (bbls.) G 0.223 70			(MCF) Water 0			ls.)	Gas—oil ratio				Flowing					
Disposition of	f gas (stat					uel or so	I4).	old								<u> </u>			_



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Well Name/Number: Barlow 2-14	US Well Number: 11-075-20036
Operator: Snake River Oil & Gas	-

DETAIL OF FORMATIONS PENETRATED

Formation	Тор	Bottom	Description*
Claystone Clystn w rare thin SS Sandstone (SS) Clystn w rare thin SS Sandstone Clystn & SS Sandstone Clystn & Tuff w rare SS	Surface 950' 2000' 2100' 3830' 4000' 4800' 4850'	950' 2000' 2100' 3830' 4000' 4800' 4850' 5456'	Lt Gy to Gy soft claystone Clystn AA, sds pred med gr qtz, thin beds Pred uncons qtz w clystn intrbds Clystn & SS AA trnsl-clr-wh, m gr-vc gr, pred qtz Intrbd Clystn & SS AA SS trnsl-clr-wh-lt gy, m gr-vc gr pred qtz Clystn & SS AA, Tuff lam, abnt mica

^{*}In accordance with IDAPA 20.07.02.10.58, describe the strata, water, oil, or gas encountered. Provide additional information as to give volumes, pressures, rate of fill-up, water depths, caving strata, etc, as is usually recorded in normal procedure of drilling. Show all important zones of porosity, lithologic description of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

<u>INSTRUCTIONS</u>: IF NEEDED, PLEASE ATTACH A SEPARATE DOCUMENT FOR FORMATION DETAIL, IF PAGE TWO DOES NOT PROVIDE ENOUGH ROOM TO DO SO.

CERTIFICATE: I, the undersigned, state that I am the Ope	rations Manger					
of the Snake River Oil & Gas (company) and that I am authorized by said company to make this report and that this report was prepare under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.						
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Date	Signature					

This Well Completion or Recompletion Report and Well Report shall be filed with the:

Idaho Department of Lands Oil and Gas Division 300 N. 6th Street, Suite 103 Boise, Idaho, 83702

not later than thirty (30) days after project completion as per Rule 20.07.02.340 and Idaho Code § 47-3.