## WELL COMPLETION OR RECOMPLETION REPORT AND WELL REPORT



DESIGNATE TYPE OF COMPLETION:
New Well $\square \quad$ Work-Over $\square \quad$ Deepen $\square \quad$ Plug Back $\square \quad$ Same Reservoir $\square \quad$ Different Reservoir $\square \quad$ Oil $\square \quad$ Gas $\square \quad$ Dry $\square$ Well Name/Number: Fallon 1-11
Operator: Snake River Oil \& Gas
US Well Number: 11-075-20037

Address: 117 East Calhoun St., P.O. Box 500, Magnolia, AR 71753
Field \& Reservoir: Harmon, Idaho
County: Payette
Location: (Sec.-TWP-Range or Block \& Survey): Sec 11, TWP 8N, Range 5W Date Permit Issued: 10/2/21


CASING RECORD
Casing (report all strings set in well-conductor, surface, intermediate, producing, etc.)


Disposition of gas (state whether vented, used for fuel or sold):
SOLD

Well Name/Number: Fallon 1-11 us Well Number: 11-075-20037
Operator: Snake River Oil \& Gas

DETAIL OF FORMATIONS PENETRATED

| Formation | Top | Bottom | Description* |
| :--- | :--- | :--- | :--- |
| Claystone, Tuff, rr SS, Is | Surface | $950^{\prime}$ | Lt Gy to Gy soft claystone |
| Sandstone,SItstn, clystn | $950^{\prime}$ | $990^{\prime}$ | SS wht, clr, qtz, vp srtd, Clystn AA |
| Clystn w rr SS, SItstn, Is | $990^{\prime}$ | $1985^{\prime}$ | $1985^{\prime}$ |
| Sandstone (SS) | Clystn \& SS AA, sltstn It gy to tan |  |  |
| Clystn, SItstn w rr SS | $2100^{\prime}$ | $3830^{\prime}$ | Pred unc p srtd qtz w clystn intrbds |
| SS w intrbd Clystns | $3830^{\prime}$ | $4900^{\prime}$ | Clystn, sltstn \& SS AA |
| Clystn/Sltstn w rr SS \& | $4900^{\prime}$ | $5456^{\prime}$ | Clystn/SItstn/SS AA, basalts are thin sills, |
| thin basalt sills |  |  |  |
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*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.

INSTRUCTIONS: 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 Operations 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 prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.


This Well Completion or Recompletion Report and Well Report shall be filed with the:
Idaho Department of Lands Oil and Gas Division
300 N. $6^{\text {th }}$ 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.

