

## MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF OIL, GAS, AND MINERALS

## **RECORD OF WELL COMPLETION**

Propulsion of Port 615 or Port 605 of Act 454 DA 4004					Permit number/deepening permit no. API number							
By authority of Part 615 or Part 625 of Act 451 PA 1994, as amended. Non-submission and/or falsification of this					61111 21-051-61111-00-00 Type of well (after completion)							
information may result in fines and/or imprisonment.						Oil						
(Submit within 60 days of well completion.)						Well name & number						
Part 615 Oil/Gas Well Part 625 Mineral Well						Grove #13-11						
Name and address of Jordan Developr 1503 Garfield Ro Traverse City, M	ment Company oad North	y										
Directionally drilled (check one)  Yes No		Previous permit numbers NA			Total depth of well M.D. 3915' T.V.D. 3868'							
Surface location SW 1/4 of SW 1/4 Section 11 T 19N R 2W						Subsurface location (if directionally drilled) SW 1/4 of SW 1/4 of SW 1/4 Section 11 T 19N R 2W						
Township Sage	County Gladwin			Township County Sage Gladwin					10 0000000			
Footages: North/South East/West					Footages: North/South East/West							
489 Ft. from South line and 199 Ft. from West line of Sec.						189' Ft. from South line and 70' Ft. from West line of Sec						
Part 615 - oil/gas wells					Part 625 - mineral wells						110 01 000.	
Date well completed 8/28/15	rmation(s)				rst injection				Solution formation(s) NA			
			COMF	PLETION	INTERV	'ALS(S)						
										Open		
Date Number hole					ation or open hole interval				Yes	No		
8/28/15	28/15 Open Hole			3910'-3919'						X		
									+			
STIMULATION BY ACID OR FRACTURING												
Date	Date Interval treated					Materials and amount used						
8/28/15	3910'-3919' OH				500 gal. 28% acid							
PRODUCTION TEST DATA												
Oil Bbls/day	Gravity °API				as -/day	Water Bbls/day	y	H <sub>2</sub> S Grains/100	H <sub>2</sub> S Grains/100 ft <sup>3</sup> .		B.H.P. and depth	
190	39.9	NA	NA 68			0	2	287.5		1877 psi @ 3853' TVD		
CERTIFICATION "I state that I am authorized by said owner. This report was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge."												
Name and title (print		۸ ــــــــــــــــــــــــــــــــــــ	Signature	,	1912	111		775	ate			
Troy E. Molby, P.E. Authorized Agent 11/9/15												
Mall and describe Office	of Oil Coo and				F							

Mail original to Office of Oil, Gas, and Minerals, Michigan Department of Environmental Quality, P.O. Box 30256, Lansing, MI 48909-7756. Or submit via email to <a href="mailto:deq-geologicalrecords@michigan.gov">deq-geologicalrecords@michigan.gov</a>.