STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES

AND ENVIRONMENTAL CONTROL

WELL COMPLETION REPORT MUST BE RETURNED WITHIN 30 DAYS OF CONSTRUCTION DATE

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FORMATION LOG

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PERMIT# 163223	LOCAL ID#	·		
PROPERTY OWNER SUSKIE	FOCAL ID#			
WELL CONTRACTOR WESSET		LIC#		
DESCRIPTION	TO	OP OF STRATA	BOTTOM OF STRATA	
TOP		0	2	
Betce Stre		2	12	
Clas		12	14	
gray Stack		101	75	
Beise Same		95	105	
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OTHER COMMENTS:				
3 1000				
MAR - 3 1999				
I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT 100 100 100 100 100 100 100 100 100 10				
Signature of Well Driller In Charge	License#	Date	da 11	