

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved,
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	DRY ☒	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR M.P. Sanchez and J.D. Sena, Jr.						5. LEASE DESIGNATION AND SERIAL NO. NM 0556983	
3. ADDRESS OF OPERATOR 18 05 Lafayette Dr., NE, Albuquerque, N.M.						6. IF INDIAN, ALLOTTEE OR TRIBE NAME n/a	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface SE1, SE1 At top prod. interval reported below At total depth n/a						7. UNIT AGREEMENT NAME n/a	
14. PERMIT NO. _____ DATE ISSUED 6/2/65						8. FARM OR LEASE NAME Sanchez-Sena FEDERAL	
15. DATE SPUDDED 6/7/65 16. DATE T.D. REACHED 6/13/65 17. DATE COMPL. (Ready to prod.) n/a						9. WELL NO. #1 Federal	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7315 DF						10. FIELD AND POOL, OR WILDCAT Wildcat	
19. ELEV. CASINGHEAD n/a						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 20-16N-10W	
20. TOTAL DEPTH, MD & TVD 1380 MD						12. COUNTY OR PARISH McKinley	
21. PLUG, BACK T.D., MD & TVD 500-600 MD						13. STATE N.M.	
22. IF MULTIPLE COMPL., HOW MANY* n/a						23. INTERVALS DRILLED BY TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* none						25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN Electrical Resistivity and Natural Gamma							
27. WAS WELL CORED							
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	COUNT PULLED		
none							
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)			
none							
30. TUBING RECORD							
SIZE	DEPTH SET (MD)	PACKER SET (MD)					
none							
31. PERFORATION RECORD (Interval, size and number) none							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
none				none			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
none							
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) n/a						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS 5 Copies of Log							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED M.P. Sanchez		TITLE Partner		DATE 11/11/65			

*(See Instructions and Spaces for Additional Data on Reverse Side)

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 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:		38. GEOLOGIC MARKERS		
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		NAME	TOP	
FORMATION	TOP		MEAS. DEPTH	TRUE VERT. DEPTH
Gravel	410	Lowr Member Pit Lookout	Surface	-
	495	Gravel SS	410	410
		Marlous Sh	495	495