

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.

5. LEASE DESIGNATION AND SERIAL NO.

NM-052931

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. NAME OF TRIBE NAME

9. WELL NO.

10. FIELD AND WELL NO.

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

6-17N-8W

12. COUNTY OR

McKinley

13. STATE

New Mex.

14. PERMIT NO.

DATE ISSUED

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

Walker Bros. Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 776, Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

666 FSL, 1980 FVL

At top prod. interval reported below

See Deviation Record

At total depth

15. TIME SURF. 9-13-66 16. TIME REACHED 9-22-66 17. DATE DEPT. (Ready to prod.) 9-23-66 18. ELEV. (G. SURF. OR GR. ETC.)* 6884' Ground 19. ELEV. Casinghead 6885'

20. TOTAL DEPTH 1591' & TVD 21. PLUG, BACK T.D., 1585' TVD 22. IF MULTIPLE COMPL., HOW MANY 23. INTERVALS DRILLED BY ROTARY 0-1391' CABLE TOOLS ---

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1552 - 1558 w/2 per ft

25. WAS DIRECTIONAL
SURVEY MADE

Yes

26. TYPE LOGS AND PDC LOGS RUN

IES & PDC

27. WAS WELL CORED

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH FEET	HOLE SIZE	CEMENTING RECORD	AMOUNT CEMENT
8 5/8"	24	23' XXX	12"	15 BX	None
5 1/2"	14	1589	7 7/8"	100 BX	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	1520	---

31. PERFORATION RECORD (Interval, size and number)

1552-1558 w/2 per ft

Sohl 3 3/8 hollow carrier Hypno

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF CEMENT USED
1552-1558	500 gals. 5% MCP

33.* PRODUCTION

DATE FIRST PRODUCTION 9-23-66 PRODUCTION METHOD (Flooding, gas lift, pumping—size and type of pump) Pump - 1 1/2" Sargent WELL STATUS (Producing or shut in) Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF	WATER—BBL.	GAS-OIL RATIO
10-8-66	24	2"	---	69	N11	0	0
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF	WATER—BBL.	OIL GRAVITY-API (CORR.)	
0	0	---	69	0	0	30.5	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

No gas produced

TEST WITNESSED BY

T. Kramer

35. LIST OF ATTACHMENTS

Deviation Record

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Virginia K. Krammer TITLE Secretary

DATE 10-11-66

*(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 53, 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: 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			38. GEOLOGIC MARKERS		
FORMATION	TOP		NAME	TOP	
	Surface	BOTTOM		MEAS. DEPTH	TRUE VERT. DEPTH
Manefee	Surface	289	Manefee	Surface	Surface
Point Lookout	285	491	Point Lookout	285	285
Mancoes	491	1344	Mancoes	491	491
Gallup	1344	TD 1591	Gallup	1344	1344
Hospah	1494	1550	Hospah ss	1494	1494