

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 El PanCo., Inc.							
3. ADDRESS OF OPERATOR 800 Loma Linda Pl. S. E., Albuquerque, New Mexico							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FSL, 2310' FWL, S. 11, T. 16N, R 5 W At top prod. interval reported below At total depth							
14. PERMIT NO. U.S.G.S.				DATE ISSUED 11-23-65			
5. LEASE DESIGNATION AND SERIAL NO. N. H. 0557507		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Federal					
7. UNIT AGREEMENT NAME None		8. FARM OR LEASE NAME Emily					
9. WELL NO. No. 2		10. FIELD AND POOL, OR WILDCAT Wildcat					
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 11 T. 16N-R5W		12. COUNTY OR McKinley		13. STATE New Mexico			
15. DATE SPUN 11-24-65		16. DATE REACHED 12-3-65		17. DATE COMPL. (Ready to prod.) 12-3-65		18. REMARKS (OF, RKB, RT, GR, ETC.)* 6358 GR	
20. TOTAL DEPTH, MD & TVD 1265		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 1265	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* DRY						25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN Century - Elec. Log						27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in well)							
STRING SIZE 7/8"	WEIGHT, LB./FT. 18 lbs.	DEPTH SET (MD) 30'	HOLE SIZE 9 5/8"	CEMENTING RECORD 20 sacks	AMOUNT PULLED none		
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				1 1/2 1035			
				U. S. GEOLOGICAL SURVEY			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut in)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.		
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED George J. Davis				TITLE Secretary, Inc.			
DATE 9-27-66							

*(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 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: 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	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH

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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 _____							
3. ADDRESS OF OPERATOR _____							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface At top prod. interval reported below At total depth							
14. PERMIT NO. _____				DATE ISSUED _____			
15. DATE SPUDDED _____		16. DATE T.D. REACHED _____		17. DATE COMPL. (Ready to prod.) _____		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* _____	
19. ELEV. CASINGHEAD _____		20. TOTAL DEPTH, MD & TVD _____		21. PLUG, BACK T.D., MD & TVD _____		22. IF MULTIPLE COMPL., HOW MANY* _____	
23. INTERVALS DRILLED BY _____		ROTARY TOOLS _____		CABLE TOOLS _____		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____	
25. WAS DIRECTIONAL SURVEY MADE _____		26. TYPE ELECTRIC AND OTHER LOGS RUN _____		27. WAS WELL CORED _____		28. WAS WELL CURED _____	
29. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
30. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
33. PRODUCTION							
DATE FIRST PRODUCTION _____		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____				WELL STATUS (Producing or _____)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS—API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____				TEST WIRE _____			
35. LIST OF ATTACHMENTS _____							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED _____		TITLE _____		DATE _____		10-6-66	
George P. Deane		Secretary,		El Paso Co., Inc.			

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

RECEIVED

OCT 10 1966

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

RECEIVED

OCT 11 1966

OIL CON. COM.
DIST. 3

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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					
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
					TRUE VERT. DEPTH
Point Lookout Surface	138'	138'			
Mancos	138'	1191'			
Haspah	1191'	T.D. 1265' - Shale			