

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  
30-031-20185  
5. LEASE DESIGNATION AND SERIAL NO.

## 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. RESER. ☐ Other \_\_\_\_\_

2. NAME OF OPERATOR

William G. Coffey

3. ADDRESS OF OPERATOR

Box 24, Branch, N.M. 87321

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

At surface

Center SW $\frac{1}{4}$  NW $\frac{1}{4}$  Sec. 35, 11n, 19w NMP

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

22 Aug 69

12. COUNTY OR

PARISH

McKinley

13. STATE

N.M.

15. DATE SPUDDED

20 Aug 69

16. DATE T.D. REACHED

16 Oct 69

17. DATE COMPL. (Ready to prod.)

6 Nov 69

18. ELEVATIONS (DF, RKB, RT, OR, ETC.)\*

ground level

19. ELEV. CASINGHEAD

6300 MSL

20. TOTAL DEPTH, MD &amp; TVD

2203

21. PLUG, BACK T.D., MD &amp; TVD

1695

22. IF MULTIPLE COMPL.,

HOW MANY\*

23. INTERVALS

DRILLED BY

ROTARY TOOLS

CABLE TOOLS

all

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

25. WAS DIRECTIONAL  
SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction, SP, Resistivity, Gamma, caliper, and density

27. WAS WELL CORED

NO

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7 OD	19.54	970-870	3 3/4	100 sks	none
4 1/2 OD	9.50	1732	3 1/2	100 sks	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

1083-1089	24 holes	Cast iron plug 1100
1140-1120	40 holes	
1100-1094	24 holes	
1083-1074	24 holes	

ALL Holes S.D.T. #6

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1083-1089	500 gal 15% MCA
1074-1174	500 gal 15% MCA
1140-1074	1000 gal 15% MCA

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.	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.)

TEST WITNESSED BY  
JAN 6 1970

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 Operator

DATE 4 Dec 69

\*(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 33.

**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: CORREL 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.	38.	GEOLOGIC MARKERS
				NAME	TOP MEAS. DEPTH TEST DEPTH
Chamie		871	Shale with Sandstone interbedded		
San Andres	871	1160	Colorious sandstone		
Clavito	1160	1000	Dolomitic shales and sandstone		
Wolf Apache	1000	1800	Dolomitic and Colorious Sandstones		
Pr Carbonian					
Detrital	1800	2210	Hard Shales, with coarse porous Sandstone		
Grey Quartzite	2210	TD 2235			