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Form O-115
Revised 1-1-68

NEW MEXICO OIL & GAS COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1. State of the Type of Lease

2. State Oil & Gas Lease No. _____

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DEEP. RESVP. OTHER _____

3. Name of Operator
Eastern Petroleum Cp.

4. Address of Operator
Post Office Box 226

5. Location of Well
UNIT LETTER I LOCATED 1980' FEET FROM THE south 660' FEET FROM _____

6. Township & Range
THE east LINE OR SEC. 21 TWP. t18n RGE. r 9 w

7. County
McKinley

15. Date Spudded 6-11-72 16. Date P.D. Reached 6-14-72 17. Date Compl. (Ready to Produce) 6-14-72 18. Elevation (D.P., R.K.B., B.C.P., etc.) 6903' 19. Elev. of Substrate to 6903'

20. Total Depth 3227 21. Plug Back T.D. _____ 22. If Multiple Completions, How Many Single 23. Length of Casing 0-3327 24. Casing Tools 0

24. Producing Interval(s), of this completion -- Top, bottom, Name
3021-3221 Dakota formation water tight.

26. Type Electric and Other Logs Run
ies- sonic -GDM

27. Was Well Cased no

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

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8	34#	62ft.	12"	50sks.	none

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
none					none		

31. Perforation Record (Interval, size and number)

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

33. PRODUCTION

Date First Production none Production Method (Flowing, gas lift, pumping, etc.) none- dst Well Status (Prod. or Shut-in) abandoned

Date of Test _____ Hours Tested _____ Casing Pressure _____ Calculated 24-Hour Rate _____ Oil - BBL _____

34. Disposition of Gas (Sold, used for fuel, vented, etc.) _____

35. List of Attachments _____

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Robert A. Bullock TITLE Vice President DATE 6-15-72

