SUBMIT IN DUPLICATE* UNITED STATES

Form approved. Budget Bureau No. 42-R355.5.

(See other in-DEPARTMENT OF THE INTERIOR structions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY ALLOTMENT #1792 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted Cont. WELL COMPLETION OR RECOMPLETION REPORT AND LOG* $\frac{1}{1}$ #NOOGREDIES 2013040 1a. TYPE OF WELL: Other b. TYPE OF COMPLETION: work | S. FARM OR LEASE NAME WELL Other P& 2. NAME OF OPERATOR Borrego Pass 9. WELL NO. J. F MADDOX

3. ADDRESS OF OPERATOR - I 10. FIELD AND POOL, OR WILDCAT P. O. BOX 1320, HOBBS, NEW MEXICO 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* WILDCAT At surface 660' FSL & 710' FWL of Sec. 114 SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEP 1 3 1971 Sec. 7, T-16-N At top prod. interval reported below R-11-W N.M.P.M. Same At total depth U. S. MEP issued 12. COUNTY OR PARISH 14. PERMIT NO. 13 STATE McKinley New Mexico 19. ELEV. CASINGHEAD 17. DATE COMPL. (Ready to prod.) 16. DATE T.D. REACHED 15. DATE SPUDDED 18. ELEVATIONS (DF RKB RT, GR, ETC.) . 6926 GR., 6938 KB 69251 8-25-71 8-28-71 8-27-71 23. INTERVALS ROTARY TOOLS CABLE TOOLS 22. IF MULTIPLE COMPL., 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD HOW MANY* DRILLED BY Surf.-1446 25. WAS DIRECTIONAL 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* SURVEY MADE YES NONE 27, WAS WELL CORED 26. TYPE ELECTRIC AND OTHER LOGS RUN Yes IES, BHC Sonic, GR-Density CASING RECORD (Report all strings set in well) 28 CEMENTING RECORD CASING SIZE DEPTH SET (MD) HOLE SIZE WEIGHT, LB./FT. AMOUNT PHLIED 124" 8 5/8" 24 741 50 SX. Circulated None LINER RECORD TUBING RECORD 29. SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD) SIZE DEPTH SET (MD) PACKER SET (MD) None None 31. PERFORATION RECORD (Interval, size and number) ACID, SHOT, FRACTURE, CEME AMOUNT AND DEPTH INTERVAL (MD) NONE NONE 33.* DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) NONE DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR OIL-BBL. GAS-MCF. WATER---BBL. GAS-OIL RATIO TEST PERIOD FLOW, TUBING PRESS. CASING PRESSURE CALCULATED OIL-BRL GAS-MCF. WATER---BBL. OIL GRAVITY-API (CORR.) 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY NONE 35. LIST OF ATTACHMENTS NONE 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records 9/9/71 OWNER TITLE .

NSTRUCTIONS

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

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 should be listed on this form, see item 35.

Hem 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.

Hems 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, interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. significantly for each additional data pertinent to such interval for each additional data pertinent to such intervals. or Federal office for specific instructions.

Hem 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. Hem 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

	Dakota SS	Dakota SS	Gallup SS	37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES O DEPTH INTERVAL TESTED, CUSH FORNATION TOP
	340 340 340	1258	: 24	TESTED, CUSHION
Note: Well hole	1356	1296 1335	370'	USED, TIME TOOL OF
W F	DST	Core	DST	TS THEREC
was capped with required marker. Navajo sover to be completed as a water well.	T.O. 1'15" Rec. 1100' Maddy Fresh Water IHP-654, 15" Pre-flow 103-362, 30" ISIP 491, FP 396-482, 30" FSIP-491, FHP-645	Cut 38' & Rec 37' SS saturated with fresh water-no show T.O. 1'15" Rec. 1125' Maddy Fresh Water IHP-636, 15" pre-flow 60-275 30" ISIP-465, FP-301-431, 30"FSIP-465 FHP-636.	1 4 5 1	MARY 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 RMATION TOP BOTTOM DESCRIPTION, CONTENTS, ETC.
ribe will take		Dakota SS Jurassic SH	Gallup SS	38. GEOLOG
***************************************		1140' 1426"	жая. _{Бертн}	GEOLOGIC MARKERS
• .• •			TRUE VERT. DEPTH	ř