UNITED STATES SUBMIT IN DUPLICATE. Firm approved. DEPARTMENT OF THE INTERIOR structions on 5. LEASE DESIGNATION AND SERIAL NO. reverse side) GEOLOGICAL SURVEY NM 0555838-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* 1a. TYPE OF WELL: NELL X Other 7. UNIT AGREEMENT NAME b. TYPE OF COMPLETION: WORK OVER NEW X PLUG BACK 5. FARM OR LEASE NAME RESVR. L Other 2. NAME OF OPERATOR Star 9. WELL NO. BASIN FUEL, INC 3. ADDRESS OF OPERATOR 152 Petroleum Center, Farmington, New Mexico 10. FIELD AND POOL, OR WILDCAT 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 660 FSL 660 FWL Wildcat 11 SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Same At top prod. interval reported below Sec 7-20N-5W Same At total depth 14. PERMIT NO 12. COUNTY OR PARISH McKinley New Mexico 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to 19. ELEV. CASINGHEAD RT. GR, ETC.) * 3-24-75 3-30-74 5-17-75 6733 DIS 20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & IF MULTIPI ROTARY TOOLS CABLE TOOLS HOW 2180 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* WAS DIRECTIONAL SURVEY MADE **1980-212**0 Yes 26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED Induction Electric & Formation Density with Gamma Ray Caliber no CASING RECORD (Report all strings set in well) CASING SIZE WEIGHT, LB./FT. DEPTH SET (MD) CEMENTING RECORD HOLE SIZE AMOUNT PULLED 8 5/8 24.0 95 121/2

65 sacks Class A 2883 4 1/3 10.5# 400 sacks POSA & 6% salt 7/8 29. LINER RECORD 30 TUBING RECORD SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SIZE DEPTH SET (MD) PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number) 1980 - 86 0.4" 12 holes		32. ACID, SHOT,	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
2055 - 65 2114 -20	0.4" 12 holes 0.4" 20 holes 0.4" 12 holes 2055 -65 2114 - 20	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED							
			500 gal. acid							
			None							
		2114 - 20	None							
		i								

33.* PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or 5-15-75 Pumping 2 x 1½ x 16 insert Producing DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL-BBL MCF GAS-OIL RATIO 5-24-75 24 15 53 3533 CASING PRESSURE CALCULATED OH --- BRE GAS-MCF OIL GRAVITY-API (CORR.) WATER- -BBL. 24-HOUR RATE 40 40 15 2 53 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY Vented Jack D. Cook 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 President

None

Engineering & Production Service,

3/8"

2157

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

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.

tion and pressure tests, and directional surveys, should be attached bereto, to the extent required by applicable Federal and/or State laws and regulations. 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.), forma-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.

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, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Hem 29: "Sacks Coment": Attached supplemental records for this well should show the details of any multiple stage comenting and the location of the comenting tool.

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

			No DST'S	No Cores		FORMATION	37. SUMMARY OF POROUS SHOW ALL IMPORTANT DEPTH INTERVAL TEST
						TOP	TESTED, CUSHION
		· ·				BOTTOM	ISEB, TIME TOOL
						DESCRIPTION, CONTENTS, ETC.	(MARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROUSTY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING 38, DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHIT-IN PRESSURES, AND RECOVERIES
	 Point Lookout	Menefee	Cliff House	Pictured Cliff		2	
	2740	1910	1890	470	MEAS. DEPTH	TOP	GEOLOGIC MARKERS
					TRUE VERT. DEPTH	7	

`E.