

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-7250

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Easter Flats

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Wildcat *Jackson Lake*

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec 12 - 20N - 6W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

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  
Basin Fuels, Inc.

3. ADDRESS OF OPERATOR  
300 West Arrington, Suite 300, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 990' FSL & 1850' FWL

At top prod. interval reported below

At total depth same

same

14. PERMIT NO. DATE ISSUED

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

15. DATE SPUDED 1-7-77 16. DATE T.D. REACHED 1-14-77 17. DATE COMPL. (Ready to prod.) N/A 18. ELEVATIONS (DF, REB, RT, GR, ETC.)\* 6764 GR 19. ELEV. CASINGHEAD 6764

20. TOTAL DEPTH, MD & TVD 2888 21. PLUG, BACK T.D., MD & TVD 2851 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY → ROTARY TOOLS X CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
Menefee 1910 - 2717 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN IES - Density - Gamma Ray 27. WAS WELL CORED No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	20.0#	98	12 1/4"	90 sacks	none
4 1/2	9.5#	2885	7 7/8"	350 sacks	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)	SIZE	NUMBER	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2200-2210	1/4"	20	2200-2210	500 gallons 15% MCA
2182-2186	1/4"	8		
2082-2086	1/4"	8		
2066-2072	1/4"	12		
2042-2048	1/4"	12		

33.\* PRODUCTION  
DATE FIRST PRODUCTION N/A PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) N/A WELL STATUS (Producing or shut-in) 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 (Solid, used for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS  
See Sundry Notice

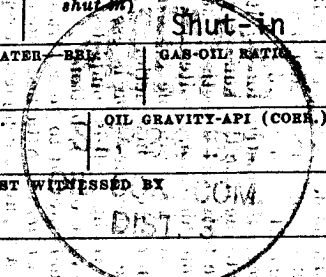
36. I hereby certify that the foregoing and attached information is complete and correct as determined from available records  
SIGNED William T. Jones TITLE Agent DATE 9-14-77

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

*St*

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.

SEP 19 1977



# 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 as 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 38, 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.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
			No cores or DST's	La Venta	896	896
				Chacra	1248	1248
				Cliffhouse	1834	1834
				Menefee	1910	1910
				Point Lookout	2717	2717