

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 49 B355.5.

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 W. Arrington, Suite 300, Farmington, NM 87401

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

At surface 2310' FSL & 330' FWL

At top prod. interval reported below

Same

At total depth

Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

5-31-78

16. DATE T.D. REACHED

6-21-78

17. DATE COMPL. (Ready to prod.)

7-23-78

18. ELEVATIONS (DF, REB, RT, OR, ETC.)*

6733 GR

19. ELEV. CASINGHEAD

6733'

20. TOTAL DEPTH, MD & TVD

2810'

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

2595'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-2810

CABLE TOOLS

None

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

2102 - 2134 Menefee

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES, FDC - Caliper - GR. CCL & CBL

27. WAS WELL CORRED

No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT FULLED
8 5/8	20.0	85	11"	80 sks class "B" + 2% CaCl ₂	NONE
5 1/2	14.0	2798'	7 7/8	100 sks 65-35-POZ "A" + 6% gel followed by 275 sks. class "B" + 0.75% CFR-2.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
NONE				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	2148'	None

31. PERFORATION RECORD (Interval, size and number)

2642-2652', 0.45", 20 holes
2116-2126, 0.45", 20 holes
CIBP @ 2595'.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2642-2652	500 gal. 15% HCl
2116-2126'	500 gal. 15% HCl; 14,000 gal 40# gelled oil, 6000# 100 mesh & 12,000# 20-40 mesh sand.

33.*

33.*

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
8-12-78		Pump				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-13-78	24	None	→	12	6	171	500
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
25	25	→	12	6	171	40.1	
						TEST WITNESSED BY	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Fuel

TEST WITNESSED BY

Ray Sandoval

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

Jack D. Cook

TITLE

Agent

DATE

8-25-78

*(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. It is to be submitted to the Federal agency or State agency to which the well is subject, and to the 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: "Socks 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: CORED 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

MEAS. DEPTH

TRUE VERT. DEPTH

Cliffhouse

1504'

Menefee

1698'

Point Lookout

2640'