

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>						7. UNIT AGREEMENT NAME	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>						8. FARM OR LEASE NAME	
2. NAME OF OPERATOR BASIN FUELS, LTD.						STEPPIN OUT	
3. ADDRESS OF OPERATOR Suite 300, 300 W. Arrington, Farmington, New Mexico 87401						9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL and 2310' FEL At top prod. interval reported below SAME At total depth SAME						10. FIELD AND POOL, OR WILDCAT FRANCISCAN LAKE- MESA VERDE	
14. PERMIT NO.						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 18, T20N, R5W	
DATE ISSUED						12. COUNTY OR PARISH McKINLEY	
						13. STATE NEW MEXICO	
15. DATE SPUDDED 02/28/79		16. DATE T.D. REACHED 04/20/79		17. DATE COMPL. (Ready to prod.) P and A		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6746 Ground	
19. ELEV. CASINGHEAD 6746		20. TOTAL DEPTH, MD & TVD 2780'		21. PLUG, BACK T.D., MD & TVD P and A		22. IF MULTIPLE COMPL., HOW MANY* NONE	
23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Plugged and Abandoned		25. WAS DIRECTIONAL SURVEY MADE YES		26. TYPE ELECTRIC AND OTHER LOGS RUN IES and Formation Density	
27. WAS WELL CORED NO		28. CASING RECORD (Report all strings set in well)		29. LINER RECORD		30. TUBING RECORD	
Casing Size		Weight, lb./ft.		Depth Set (MD)		Hole Size	
8 5/8		24.0		87'		12 1/4	
60 sacks class "B" and 2% CaCl2		Circulated		Amount Pulled		NONE	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
NONE							
31. PERFORATION RECORD (Interval, size and number) P & A- See Sundry notice for plugging detail		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED		33.* PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO	
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 APR 11 24, 1979		OIL CON. COM. DIST. 8		RECEIVED MAY 11 1979			

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