

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R255.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

| | | | | | | | |
|--|-----------------|--|------------------------------------|--|------------------------------------|--|-----------------|
| 1a. TYPE OF WELL: | | OIL WELL <input checked="" type="checkbox"/> | GAS WELL <input type="checkbox"/> | DRY <input checked="" type="checkbox"/> | Other | | |
| b. TYPE OF COMPLETION: | | NEW WELL <input type="checkbox"/> | WORK OVER <input type="checkbox"/> | DEEP-EN <input type="checkbox"/> | PLUG BACK <input type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/> | Other |
| 2. NAME OF OPERATOR RUTH ROSS | | | | | | | |
| 3. ADDRESS OF OPERATOR P.O. BOX 464 Santa Fe NM 87501 | | | | | | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330 FSL XXX 990 FWL At top prod. interval reported below At total depth | | | | | | | |
| 14. PERMIT NO. | | | | DATE ISSUED | | | |
| 15. DATE SPUDDED Jan. 30, 81 | | | | 16. DATE T.D. REACHED March 5 1981 | | 17. DATE COMPL. (Ready to prod.) 3/5/81 | |
| 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6680 GR | | | | 19. ELEV. CASINGHEAD | | | |
| 20. TOTAL DEPTH, MD & TVD 240' | | 21. PLUG, BACK T.D., MD & TVD -- | | 22. IF MULTIPLE COMPL., HOW MANY* -- | | 23. INTERVALS DRILLED BY Gable | |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* -- | | | | | | 25. WAS DIRECTIONAL SURVEY MADE No | |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN Sample Log | | | | | | 27. WAS WELL CORED No | |
| 28. CASING RECORD (Report all strings set in well) | | | | | | | |
| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED | | |
| 7 inch | 18# | 38' | 10 inch | 14 sx Portland | none | | |
| 29. none LINER RECORD | | | | | | | |
| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE | DEPTH SET (MD) | PACKER SET (MD) |
| 30. none TUBING RECORD | | | | | | | |
| 31. PERFORATION RECORD (Interval, size and number) none | | | | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. | | | |
| DEPTH INTERVAL (MD) | | | | AMOUNT AND KIND OF MATERIAL USED | | | |
| none | | | | | | | |
| 33.* PRODUCTION | | | | | | | |
| DATE FIRST PRODUCTION | | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) none | | | | WELL STATUS (Producing or 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 (Sold, used for fuel, vented, etc.) | | | | | | TEST WITNESSED BY | |
| 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 <i>Thomas D. Chace</i> | | TITLE Agent | | | | DATE 3/11/81 | |

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

NM000