

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 _____				5. LEASE DESIGNATION AND SERIAL NO. NM 13053	
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 _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR RUTH ROSS				7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR P.O. BOX 464 Santa Fe NM 87501				8. FARM OR LEASE NAME <i>Alma Lee</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330 FSL <del>XXX</del> 990 FWL At top prod. interval reported below At total depth				9. WELL NO. #1	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT wildcat	
15. DATE SPUDDED Jan. 30, 81				11. SEC. T. R. M., OR BLOCK AND SURVEY OR AREA SWSW Sec. 5 T18N R12W	
16. DATE T.D. REACHED March 5 1981				12. COUNTY OR PARISH McKinley	
17. DATE COMPL. (Ready to prod.) 3/5/81				13. STATE N M	
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 Cable				ROTARY TOOLS CABLE TOOLS	
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
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.
FLOW. TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.
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)

NMCC