

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)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"/>				5. LEASE DESIGNATION AND SERIAL NO. NM 13187											
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 <input type="checkbox"/> OIL CON. DIV. <input checked="" type="checkbox"/>				6. IF INDIAN, ALLOTTEE OR TRIBE NAME											
2. NAME OF OPERATOR T. L. Morris				7. UNIT AGREEMENT NAME											
3. ADDRESS OF OPERATOR P. O. Drawer M-Milan, New Mexico 87021				8. FARM OR LEASE NAME T. L. MORRIS #1											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FEL 330' FSL At top prod. interval reported below At total depth				9. WELL NO. 1											
10. FIELD AND POOL, OR WILDCAT WC				11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA SESE Sec. 2 T16N R5W											
12. COUNTY OR PARISH McKinley				13. STATE NM											
14. PERMIT NO. DATE ISSUED				15. DATE SPUDDED 3-31-81											
16. DATE T.D. REACHED 7-19-81				17. DATE COMPL. (Ready to prod.) Shut in 7-19-81											
18. ELEVATIONS (DY, RKB, ST, OR, ETC.)* 6300				19. ELEV. CASINGHEAD 6304											
20. TOTAL DEPTH, MD & TVD 1400'				21. PLUG, BACK T.D., MD & TVD 1284											
22. IF MULTIPLE COMPL., HOW MANY*				23. INTERVALS DRILLED BY Rotary											
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* This well will be completed in Hospah				25. WAS DIRECTIONAL SURVEY MADE yes											
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma ray neutron SP Electric				27. WAS WELL CORED yes											
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
7		17		150		10 1/4		80 sks 74 ft <sup>3</sup> CIB'							
4 1/2		10.50		1284		7 7/8		75 sks 88 1/2 ft <sup>3</sup> CIB'							
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) 710-720 1192-1196								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED							
33. PRODUCTION								34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Lease Terminated 3/31/83 plan P-A							
DATE FIRST PRODUCTION no production		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) not completed						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.)			
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

Jim Pepper

TITLE

Agent

DATE

3-11-82

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

NMOCC

FARMINGTON DISTRICT

## 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 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 83, 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: "Rock 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.)

27. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CURTAIN USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH	TRUE VERT. DEPTH
Hospah	1390	1395	sand	Hospah	1390	1395