

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.

LEASE DESIGNATION AND SERIAL NO.

NM 13293

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

LUEVINIA

WELL NO.

1

FIELD AND POOL, OR WILDCAT

WC

SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

NWSE Sec. 8

T14N R6W

COUNTY OR
PARISH

McKinley

STATE

NM

ELEV. CASINGHEAD

6997

ROTARY TOOLS

CABLE TOOLS

Rotary

25. WAS DIRECTIONAL
SURVEY MADE

no

27. WAS WELL CORED

no

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

T. L. Morris

3. ADDRESS OF OPERATOR

P. O. Drawer M - Milan, New Mexico 87021

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

At surface 2310 FSL 2310 FEL

At top prod. interval reported below

At total depth

14. PERMIT NO. U. S. GEOL. SURVEY
FARMINGTON, N. M.

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.)

5-31-81

11-10-81

Plugged 11-10-81

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

6997

C.L.

20. TOTAL DEPTH, MD & TVD

550'

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

22. IF MULTIPLE COMPL.,
HOW MANY*

23. INTERVALS
DRILLED BY

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

No Production - well was plugged

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma ray neutron - SP Electric

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 8 5/8 surf | 20 | 300 | 10 3/4 | 155.20 sks | |
| | | | | | |
| | | | | | |
| | | | | | |

29. LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) |
|------|----------|-------------|---------------|-------------|
| | | | | |
| | | | | |
| | | | | |

30. TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------------|-----------------|
| | | |
| | | |
| | | |

31. PERFORATION RECORD (Interval, size and number)

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

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
| | |
| | |
| | |
| | |

33.* PRODUCTION

DATE FIRST PRODUCTION

No production

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

plugged

| 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

Jim Pepper

TITLE

Agent

DATE

MAR 13 1982

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

NMOCC

FARMINGTON DISTRICT
BY *[Signature]*

ACCEPTED FOR RECORD

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 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 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: "Sacks 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. | NAME | MEAS. DEPTH | TRUE VERT. DEPTH |
|------------|-----|--------|-----------------------------|-------|-------------|------------------|
| Hosta sand | 500 | 510 | sand | Hosta | 500 | 510 |