

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 _____				5. LEASE DESIGNATION AND SERIAL NO. NM 13780	
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 T. L. Morris				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Drawer M - Milan, New Mexico 87021				8. FARM OR LEASE NAME G.A.P.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 2310' FWL 990' FSL At top prod. interval reported below At total depth				9. WELL NO. #1	
14. PERMIT NO. U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.				10. FIELD AND POOL, OR WILDCAT WC	
15. DATE SPUDDED 5-30-81				11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA SESW Sect. 19 T16W R5W	
16. DATE T.D. REACHED 8-25-81				12. COUNTY OR PARISH McKinley	
17. DATE COMPL. (Ready to prod.) Shut in				13. STATE NM	
18. ELEVATION (OF, RES., RT. OR, ETC.)* 6483				19. ELEV. CASINGHEAD 6486	
20. TOTAL DEPTH, MD & TVD 1225'		21. PLUG BACK T.D., MD & TVD 1225'		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 - Hospah zone		25. WAS DIRECTIONAL SURVEY MADE yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated density compensated neutron & Induction Elec. Log				27. WAS WELL CORED yes	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8 5/8 surf		20		150	
5 1/2		15.50		1225'	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
10 1/4		75 sk 88 1/2 ft ³ C10			
7 7/8		175 sks 206 1/2 ft ³ C10			
29. LINER RECORD			30. TUBING RECORD		
SIZE		TOP (MD)		DEPTH 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		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)	
No production		Not completed		Shut-in	
DATE OF TEST		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
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 Lease Terminated 5/31/83 Plan P&A ACCEPTED FOR RECORD					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <i>Jim Pappas</i>		TITLE Agent		DATE JUN 11 1982	

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

NMOCC

FARMINGTON DISTRICT

BY *JK*

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; CORRELATE INTERVALS; AND ALL DEPTH-STEP TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION 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	1220	1230	Sand	Hospah	1220	1230