

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 ☐	GAS WELL ☒	DRY ☐	Other ☐						
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other ☐				
2. NAME OF OPERATOR P. E. Florence											
3. ADDRESS OF OPERATOR Pox 1078 Farmington, New Mexico											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements): At surface 1850' FNL & 790' FNL of sec. 5-T33N-R4W At top prod. interval reported below At total depth											
14. PERMIT NO.				DATE ISSUED							
15. DATE SPUDDED 5/24/66		16. DATE T.D. REACHED 5/28/66		17. DATE COMPL. (Ready to prod.) 6/6/66		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6997.0 GR		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 2680'		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY all		ROTARY TOOLS all			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Platurred Cliffs 2598-2632								25. WAS DIRECTIONAL SURVEY MADE Yes			
26. TYPE ELECTRIC AND OTHER LOGS RUN SP 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	
7-5/8"		26		66'		7-7/8"		75 sx			
2-7/8"		6.5		2678'		6-3/4"		100 sx			
29. LINER RECORD										30. TUBING RECORD	
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE	
										None	
31. PERFORATION RECORD (Interval, size and number) one shot per ft. from 2598 to 2632 Confidential										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)					AMOUNT AND KIND OF MATERIAL USED						
2634'					29420 gal. water 30,000 sand 10/20						
33.* PRODUCTION										WELL STATUS (Producing or shut-in) shut-in wait on gas line	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)									
DATE OF TEST 6/13/66		HOURS TESTED 3 hrs		CHOKE SIZE .750		PROD'N. FOR TEST PERIOD →		OIL—BBL.		GAS—MCF.	
FLOW. TUBING PRESS.		CASING PRESSURE 314 psig		CALCULATED 24-HOUR RATE →		OIL—BBL.		GAS—MCF. 5423 AGP 8-3099		WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To sell										TEST WITNESSED BY Doug E. Florence	
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 Stationer				TITLE Agent				DATE 6/22/66			

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

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.

should be listed on this form, see item 33. 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/or State office. See instructions on items 22 and 23, below regarding logging.

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 what 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 such 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		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	NAME
			MEAS. DEPTH TRUE VERT. DEPTH