

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. Contract 396	
b. TYPE OF COMPLETION: NEW WELL <input checked="" 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 Jicarilla Apache	
2. NAME OF OPERATOR Jack A. Cole				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 191, Farmington, New Mexico 87401				8. FARM OR LEASE NAME Apache Hills	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990/S and 790/W Sec. 7-T23N-R3W  At top prod. interval reported below Same  At total depth Same				9. WELL NO. 3	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUDDED 2-20-78 16. DATE T.D. REACHED 2-24-78 17. DATE COMPL. (Ready to prod.) 5-15-78 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7558 KB 19. ELEV. CASINGHEAD 7548				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 7-T23N-R3W	
20. TOTAL DEPTH, MD & TVD 3427 21. PLUG, BACK T.D., MD & TVD 3371 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS All CABLE TOOLS _____				12. COUNTY OR PARISH Rio Arriba N. M.	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3322-42 Pictured Cliffs				25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN I-ES; GR Density				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
8 5/8		24.0		128	
4 1/2		10.50		3403	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
12 1/4		Circulate		None	
7 7/8		200 Sacks		None	
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
1 1/4		3328		No	
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
1 1/4		3328		No	
31. PERFORATION RECORD (Interval, size and number)					
3322-26 2 jets/ft.					
3328-30 "					
3334-42 "					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
3322-42		50,000 gal wtr; 75,000 lb sand			
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			
5-15-78		3/4			
HOURS TESTED 3		CHOKE SIZE 3/4		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE 775		CALCULATED 24-HOUR RATE	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		Vented			
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 <u>Jack A. Cole</u>		TITLE Operator		DATE May 17, 1978	

\*(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 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 13:** 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:** "Seals 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				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	<div> <div>TOP</div> <div>MEAS. DEPTH</div> <div>TRUE VERT. DEPTH</div> </div>
Ojo Alamo	2890	3010	Sand		
Kirtland	3010	3185	Shale and Sand		
Fruitland	3185	3280	Coal and Shale		
Pictured Cliffs	3280	3345	Sand and Shale		
Lewis	3345	TD	Shale		

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	GAS	1
OPERATOR		3
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes Old O-104 and O-105  
Effective 1-1-65

Operator Jack A. Cole		
Address P. O. Box 191, Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Apache Hills	Well No. 3	Pool Name, including Formation Ballard PC	Kind of Lease State, Federal or Fee Indian	Lease No. 396
Location				
Unit Letter N	990	Feet From The South	Line and 790	Feet From The West East
Line of Section 7	Township 23N	Range 3W	NMPM, Rio Arriba	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		is gas actually connected?
		NO
		When ASAP

If this production is commingled with that from any other lease or pool, give commingling order numbers \_\_\_\_\_

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2-20-78	Date Compl. Ready to Prod. 5-15-78	Total Depth 3427	P.B.T.D. 3371					
Elevations (DF, RKB, RT, GR, etc.) 7558 KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3322	Tubing Depth 3328					
Perforations 3322-26; 3328-30; 3334-42 w/2 jets/ft.	Depth Casing Shoe 3404							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	128	Circulate					
7 7/8	4 1/2	3403	200					

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 875	Length of Test 3 hours	Bbls. Condensate/MMCF None	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Gauge-in) 775	Casing Pressure (Gauge-in) 775	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jack A. Cole  
(Signature)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 10 \_\_\_\_\_  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All portions of this form must be filled out completely for filing.