

Form approved.
Budget Bureau No. 42-R355.5.

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____

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 _____
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2. NAME OF OPERATOR

Jack A. Cole

3. ADDRESS OF OPERATOR

P. O. Box 191, Farmington, New Mexico 87401

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

At surface 1850/S & 990/E Sec. 17-T23N-R3W

At top prod. interval reported below

Same

At total depth

Same

14. PERMIT NO. _____

DATE ISSUED

15. DATE SPURRED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, REB, ET, GR, ETC.)*	19. ELEV. CASINGHEAD
2-9-79	2-15-79	4-26-79	7361 Gr.	7364

20. TOTAL DEPTH, MD & TVD 3230	21. PLUG, BACK T.D., MD & TVD 3190	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS All	CABLE TOOLS
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24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

3126-3140 Pictured Cliffs

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Spacing Thermal Neutron

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
8 5/8	24.0	130	12 1/4	100 sacks	
4 1/2	9.5	3230	7 7/8	200 sacks	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1 1/4	3130	No

31. PERFORATION RECORD (*Interval, size and number*)

3126-40 - 28 holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3126-40	40,000 lbs. sand,
	40,000 gals. H ₂ O

33. • PRDUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (<i>Flowing, gas lift, pumping—size and type of pump</i>)
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WELL STATUS (Producing or shut-in)
Shut-in

DATE OF TEST 4-27-79	HOURS TESTED 3	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE 765	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF 2200	WATER—BBL.	OIL GRAVITY-API (CORR.)	

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

TITLE Operator

DATE May 1, 1979

*** (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 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: CORRD 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	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	2765	2844	Sand			
Kirtland	2844	2970	Shale			
Fruitland	2970	3040	Shale and Coal			
Pictured Cliffs	3040	3140	Sand and Shale			
Lewis	3140	TD	Shale			

38.

GEOLOGIC MARKERS