

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.

5. LEASE DESIGNATION AND SERIAL NO.

Contract 159

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mobile Apache

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

South Blanco

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

6-23N-2W-NMPM

12. COUNTY OR
PARISH

Rio Arriba

13. STATE

NM

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

SHERMAN F. WAGENSELLER

3. ADDRESS OF OPERATOR

M. B. Jones, 1223 Bank of New Mexico Bldg., Alb. NM 87101

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

At surface 1600' fnl & 790' fw1

At top prod. interval reported below SAME

At total depth SAME

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 8-21-80 16. DATE T.D. REACHED 8-29-80 17. DATE COMPL. (Ready to prod.) 1-25-81 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7112 RKB 19. ELEV. CASINGHEAD 7106

20. TOTAL DEPTH, MD & TVD 3092 21. PLUG, BACK T.D., MD & TVD 3054 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0 - 3092 ROTARY TOOLS CABLE TOOLS

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

2964 - 2972, Pictured Cliffs

25. WAS DIRECTIONAL
SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN

ES-Gamma Ray

27. WAS WELL CORED

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

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24	105	12 1/4	65 SXS	Circ.
4 1/2	10.5	3092	7 7/8	100 SXS, 50-50 Pozmix	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACCS CEMENT	SCREEN (MD)

31. PERFORATION RECORD (Interval, size and number)

2964 - 2972, 8' @ 2SPF

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2964 - 2972	SWF w/30,000# of 10-20 sand, 41,700 gals of water.

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Flow				SI	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-1-81	3	3/4	→		959		
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
66 psig	121 psig	→		987 A) F			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Vented

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE Morris B. Jones, Engineer

DATE 2-6-81

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

NMCCO

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: "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	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Kirtland Fruitland Pictured Cliffs	2851 2928 2961						