

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See other instructions 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

Robert L. Bayless

3. ADDRESS OF OPERATOR

P.O. Box 1541, Farmington, NM 87401

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

At surface 1800' FSL & 1790' FWL

At top prod. interval reported below same

At total depth same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

04-04-82

16. DATE T.D. REACHED

04-07-82

17. DATE COMPL. (Ready to prod.)

07-17-82

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

6741 KB

19. ELEV. CASINGHEAD

6733' GL

20. TOTAL DEPTH, MD & TVD

2260 ft.

21. PLUG, BACK T.D., MD & TVD

2194 ft.

22. IF APPLICABLE, COMPL.

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-TD

CABLE TOOLS

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

2121-2148 ft. — Picture Cliffs

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES. CNL-FDC

27. WAS WELL CORED

no

28. CASING RECORD (Report strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	23#	95' KB	9-7/8"	59 1/2' Class B w/2% CaCl ₂	circ. to surface
2-7/8"	6.5#	2234	6-1/4"	250 1/2' Class B econofil and	
				59 1/2' Class B w/2% CaCl ₂	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1 1/4"	2141' RKB	none

31. PERFORATION RECORD (Interval, size and number)

2121-2148, 27 ft. total 27 ft., 1 JSPF
27 ft. total 27 perforations

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2121-2148'	250 gals. 7 1/2% HCL acid;
	40,000 gals. 70 quality foam and
	55,000 lbs 10/20 sand and 258,280
	scf nitrogen

33.* PRODUCTION

DATE FIRST PRODUCTION 08-02-82		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing				WELL STATUS (Producing or shut-in) shut-in	
DATE OF TEST 08-02-82	HOURS TESTED 3	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD →	OIL—BBL. --	GAS—MCF. 61	WATER—BBL. mist	GAS-OIL RATIO --
FLOW. TUBING PRESS. 28 psi	CASING PRESSURE 109	CALCULATED 24-HOUR RATE →	OIL—BBL. --	GAS—MCF. 495	WATER—BBL. mist	OIL GRAVITY-API (CORR.) --	

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

to be sold

TEST WITNESSED BY

Kevin McCord

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

August 13

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

NMOCC

RECEIVED FOR RECORD
August 13
1982

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:				38. GEOLOGIC MARKERS	
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					
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
					TRUE VERT. DEPTH
Pictured Cliffs	2121'	2215'	Gas-Water	Base Ojo Alamo Top Kirt. Shale Top Fruitland Too Pic. Cliffs	1789' 1789' 1932' 2121'