

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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

2. TYPE OF COMPLETION: NEW ☐ WORK OVER ☐ DEEP-EN ☐ PFG BACK ☐ DIFF. EXHVR. ☐ Other _____

3. NAME OF OPERATOR

JACK A. COLE

4. ADDRESS OF OPERATOR

P. O. BOX 191, FARMINGTON, NEW MEXICO 87499

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

At surface 740/N and 680/E SEC. 5-T23N-R6W NMPM

At top prod. interval reported below SAME

At total depth SAME

14. PERMIT NO.

DATE ISSUED

5-24-89

12. COUNTY OR PARISH

13. STATE

RIO ARRIBA

NEW MEXICO

15. DATE STUDDER

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (OF. KKH. AT. GR. ETC.)*

19. ELEV. CASINGHEAD

7-2-89

7-10-89

P&A 8-22-89

6824 D.F.

20. TOTAL DEPTH, MD & TVD

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

22. IF MULTIPLE COMPL. HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

5730

5730

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

Well plugged and abandoned due to casing failure
8-22-89, per Sundry Notice.

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction - SFL; GR - Density

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	261	12 1/4	250 Sacks	NONE
4 1/2	11.6	5723	7 7/8	950 Sacks - 2 Stages	NONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

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

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

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

TEST WITNESSED BY

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 OPERATOR

DATE SEPTEMBER 22, 1989

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

GEOLOGIC MARKERS

DESCRIPTION, CONTENTS, ETC.