

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 _____		7. UNIT AGREEMENT NAME Cinco Diablos	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME Cinco Diablos	
2. NAME OF OPERATOR H. K. Keesee		9. WELL NO. 1	
3. ADDRESS OF OPERATOR Box 1995, Farmington, N. M.		10. FIELD AND POOL, OR WILDCAT Ballard	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 970' fr N ln, 1850' fr W ln. At top prod. interval reported below At total depth		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 29 T-23N R-3W	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 9-3-66		16. DATE T.D. REACHED 9-12-66	
17. DATE COMPL. (Ready to prod.) 9-27-66		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7323 Gr.	
19. ELEV. CASINGHEAD 7324		20. TOTAL DEPTH, MD & TVD 3065	
21. PLUG, BACK T.D., MD & TVD 3014		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 0-3065		ROTARY TOOLS 0-3065	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2954-2966 Pictured Cliffs		25. WAS DIRECTIONAL SURVEY MADE Deviation	
26. TYPE ELECTRIC AND OTHER LOGS RUN Electrical, Gamma Ray Correlation		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8	20	112	12 1/4
4 1/2	9.5 & 10.5	3052	7 7/8
CEMENTING RECORD		AMOUNT PULLED	
90 sks Reg, 2% CaCl₂		None	
150 sks Class C,		None	
1% CFR-2			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8	2937	No	
31. PERFORATION RECORD (Interval, size and number)			
2954-2966 20 Jets		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL (MD)	
		AMOUNT AND KIND OF MATERIAL USED	
		40,000# 20-40 Sand,	
		30,200g Treated Water	
33. PRODUCTION			
DATE FIRST PRODUCTION Waiting Conn.	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) Shut-in
DATE OF TEST 10-4-66	HOURS TESTED 3	CHOKE SIZE 3/4	PROD'N. FOR TEST PERIOD →
OIL—BBL. 188	GAS—MCF. 3,061	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS. 188	CASING PRESSURE 336	CALCULATED 24-HOUR RATE →	OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented			TEST WITNESSED BY G. L. Hoffman
35. LIST OF ATTACHMENTS Hole Deviation Affidavit			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED V. L. Wiederkehr		TITLE Consultant	
DATE 10-6-66			

***(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; 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
Ojo Alamo Pictured Cliffs	2574 2934	2702 2972	Water Gas	Ojo Alamo Kirtland Fruitland Pictured Cliffs Lewis	2574 2702 2780 2934 3040