

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.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 0357100	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Federal	
2. NAME OF OPERATOR Charles M. Goad d/b/a Gola Oil Co.		7. UNIT AGREEMENT NAME None	
3. ADDRESS OF OPERATOR 11700 Morrow NE, Albuquerque, N. Mex. 87112		8. FARM OR LEASE NAME Charles M. Goad	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1790 FNL, 2234 FNL, Sec. 4 T17N-R3W At top prod. interval reported below At total depth		9. WELL NO. #6 Gola	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUDDED 10-24-65		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 4, T17N-R3W	
16. DATE T.D. REACHED 10-25-65		12. COUNTY OR PARISH Sandoval	
17. DATE COMPL. (Ready to prod.) Dry		13. STATE N.M.	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6420 GA		19. ELEV. CASINGHEAD 6422	
20. TOTAL DEPTH, MD & TVD 370 Ft.		21. PLUG, BACK T.D., MD & TVD _____	
22. IF MUD LOGGING, HOW _____		23. INTERVALS DRILLED BY _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME AND MD & TVD None		25. WAS DIRECTIONAL SURVEY MADE None	
26. TYPE ELECTRIC AND OTHER LOGS RUN None		27. WAS WELL CORRED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE 4" I.D.	WEIGHT, LB./FT. 9 LB	DEPTH SET (MD) 356 Ft.	HOLES SIZE 6 1/2"
CEMENTING RECORD 40 sacks		AMOUNT PULLED None	
29. None LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. None TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) all 5/8" holes on 6" centers			
32. None ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33.* None PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
DATE OF TEST		WELL STATUS (Producing or shut-in)	
HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.
FLOW. TUBING PRESS.		CASING PRESSURE	GAS—MCF.
CALCULATED 24-HOUR RATE		WATER—BBL.	GAS-OIL RATIO
OIL—BBL.		OIL GRAVITY-API (CORR.)	
GAS—MCF.		TEST WITNESSED BY	
WATER—BBL.		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
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 Charles M. Goad		TITLE Operator	
DATE 9-12-67			

*(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	TRUE VERT. DEPTH
	68 98 144 196 316	82 110 148 206 340	Sand Sand Sand Sand Sand Free oil in the 5 sand samples			