

**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.

5. LEASE DESIGNATION AND SERIAL NO.

Tribal #422

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla

9. WELL NO.

11-1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Section 11-22N-5W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

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. RES'V. ☐ Other

2. NAME OF OPERATOR

Woods Petroleum Corporation

3. ADDRESS OF OPERATOR

P. O. Box 18667, Oklahoma City, Oklahoma, 73118

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

At surface 660' FWL & 660' FSL (SW SW)

At top prod. interval reported below

At total depth

Verbal approval 11-17-71

14. PERMIT NO. DATE ISSUED

11-24-71

15. DATE SPUDDED

11-23-71

16. DATE T.D. REACHED

12-11-71

17. DATE COMPL. (Ready to prod.)

12-13-71 (P&A)

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

6832' KB, 6818'

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

6365'

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

-

22. IF MULTIPLE COMPL., HOW MANY*

-

23. INTERVALS DRILLED BY

ROTARY TOOLS

0 - 6365'

CABLE TOOLS

-

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

None

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Compensated Formation Density Log, Dual Induction-Laterolog, Gamma Ray-Neutron

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
9-5/8"	32.30	269	13-3/4"	253 sacks	-

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)

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

DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED

33.*

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

P&A

DATE OF TEST

HOURS TESTED

CHOSE 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 (CORE.)

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

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

DST Reports, Electric Logs

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

SIGNED

TITLE

Vice President

DATE December 23, 1971

*(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 used 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.), formations 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 23: 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.
item 24: If this wall is considered a floor, use 24.

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.)

[illegible]