

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.

5. LEASE DESIGNATION AND SERIAL NO.

USA - NM 8222

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Double Ought

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Gallup Undesig.

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

Section 12, T22N R6W

12. COUNTY OR
PARISH
Sandoval13. STATE
N. M.

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

Tesoro Petroleum Corporation

3. ADDRESS OF OPERATOR

408 First State Bank Abilene, Texas 79604

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

At surface 1695' FWL & 1045' FSL, Section 12

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPEUDED 18 Apr 72 16. DATE T.D. REACHED 8 May 72 17. DATE COMPL. (Ready to prod.) 22 Sept 72 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 7074 KB 19. ELEV. CASINGHEAD 7061

20. TOTAL DEPTH, MD & TVD 6605 21. PLUG, BACK T.D., MD & TVD 5658 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-6605 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Perf. Gallup Sand 5300-5365 L SPF

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES, Density, Sonic, GR

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED
8 5/8"	24#	193	12 1/4"	-0-
4 1/2"	10.5#	5659	7 7/8"	-0-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2"	5350	---

31. PERFORATION RECORD (Interval, size and number)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5300-65	1000 GAL 15% Acid
5300-65	Frac 50000 # Sand and 60,000 gal water

33.* PRODUCTION
DATE FIRST PRODUCTION 21 Sept 72 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping 1 1/2" X 16' pump WELL STATUS (Producing or shut-in) ProducingDATE OF TEST 22 Sep 72 HOURS TESTED 24 CHOKER SIZE 2" PROD'N. FOR TEST PERIOD 25 OIL—BBL. TSTM GAS—MCF. TSTM WATER—BBL. 3 GAS-OIL RATIO TSTM
FLOW. TUBING PRESS. 10# CALCULATED 24-HOUR RATE 25 OIL—BBL. TSTM GAS—MCF. TSTM WATER—BBL. 3 OIL GRAVITY-API (CORR.) 40°

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

Used for lease fuel

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

TITLE

Project Engineer

DATE 20 Sept 72

*(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
Menefee	3992	4053	DST #2 Rec. 270' O & GCM	Koa	1425	
Menefee	4053	4084	CORE #1 Rec. 18' shale, 6' sd NS, 7' shale	Kpc	1916	
				Kch	3390	
				Kpl	4144	
				Kmv	4368	
				Kg	5237	
				Kgh	6148	
				Kgr	6208	
				Kd	6238	
				Jm	6600	
				TD	6605	

NOTE: DST #1 was miss-run