

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 <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input checked="" type="checkbox"/>	Other <input type="checkbox"/>		
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>
2. NAME OF OPERATOR <i>Theron J. Graves</i>						NOV 17 1978	
3. ADDRESS OF OPERATOR <i>P.O. Box 2077 Farmington New Mexico 87401</i>						U. S. GEOLOGICAL SURVEY DURANGO, COLO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <i>1450fml; 790fcl See 18-F-18N-24W</i> At top prod. interval reported below <i>Same</i> At total depth <i>Same</i>						5. LEASE DESIGNATION AND SERIAL NO. <i>N.M. 6994</i>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME						7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <i>Federal</i>						9. WELL NO. <i>1</i>	
10. FIELD AND POOL, OR WILDCAT <i>Wildcat</i>						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <i>18-18N-4W</i>	
12. COUNTY OR PARISH <i>Sandoval</i>						13. STATE <i>N. Mexico</i>	
14. PERMIT NO.		DATE ISSUED				19. ELEV. CASINGHEAD	
15. DATE SPUDED <i>10/31/75</i>		16. DATE T.D. REACHED <i>12/10/75</i>		17. DATE COMPL. (Ready to prod.) <i>9/20/78 P&A</i>		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <i>6618 Grd</i>	
20. TOTAL DEPTH, MD & TVD <i>3023</i>		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY <i>Rotary</i>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* <i>None</i>						25. WAS DIRECTIONAL SURVEY MADE <i>No</i>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <i>Induction; Density</i>						27. WAS WELL CORED <i>No</i>	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
<i>9 5/8"</i>	<i>40 lbs</i>	<i>101.5</i>	<i>12</i>	<i>75 sacks</i>		<i>None</i>	
<i>7"</i>	<i>20 lbs</i>	<i>1264</i>	<i>8 3/4</i>	<i>141 sacks</i>		<i>None</i>	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number) <i>3 1/2" cased perforated gun</i> <i>Perf 1704-1706, 1682-1684 w/2 jets/ft.; 8 holes</i> <i>Perf 1636-1638 w/2 jets/ft.; 4 holes</i> <i>Perf 1422-1444 w/4 jets/ft.; 8 holes</i>				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION							
DATE FIRST PRODUCTION <i>None</i>		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)				WELL STATUS (Producing or shut-in) <i>9-20-78 P&A</i>	
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 <i>W.B. Martur</i>				TITLE <i>Agent</i>		DATE <i>11/17/78</i>	

*(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: "Seals (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 POROSITY ZONES:			39. GEOLOGIC MARKERS	
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			NAME	MEAS. DEPTH
FORMATION	TOP	BOTTOM		TRUE VERT. DEPTH
			Pt. Lookout	1160

UNITED STATES
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GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☐ well ☐ other Dry

2. NAME OF OPERATOR

Theron J. Groves

3. ADDRESS OF OPERATOR

P.O. Box 2077 Farmington N. Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1450' n 1/2 sec 18-18N-4W

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☒

5. LEASE

NM 6994

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Wildcat

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

18-18N-4W

12. COUNTY OR PARISH

Sandoval

13. STATE

N. Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6618 Ground

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Plug @ 1800 - T.O.

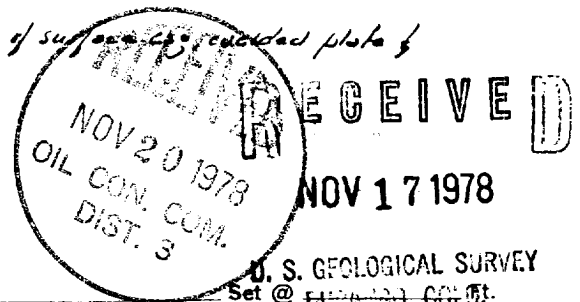
Plug @ 1350 - 1500 feet of depth

Surface csg shoe @ 25-250 feet of depth

9/15/78

Set surface plug w/25 sacks of cement in 9" of annulus of surface casing shoe

Set surface marker, & cleanup 9/30/78



Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct

SIGNED W.B. Martin

TITLE Agent

DATE 11/17/78

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: