

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved
Budget Bureau No. 42-10599-2

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

2. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

3. NAME OF OPERATOR

Chace Oil Company, Inc.

4. ADDRESS OF OPERATOR

313 Washington St., Albuquerque, NM 87103

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

At surface Unit "G" 1850' NL, 900' FEL

At top prod. interval reported below

At total depth

Reentered old well

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

13. STATE

Sandoval

NM

15. DATE SPECIFIED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

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

19. ELEV. CASINGHEAD

3-16-77

3-19-77

4-21-77

7235' GR - 7248' DF

7236'

20. TOTAL DEPTH, MD & TVD

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

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

24. ROTARY TOOLS

25. CABLE TOOLS

7323

7296'

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0-7323

No

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

7094 - 7107'

6992 - 7032'

7112 - 7122'

Yes

27. TYPE ELECTRIC AND OTHER LOGS RUN

Induction & Density Logs

28. WAS WELL CORED

No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	1800'	10 3/4"	600 sks	None
4 1/2"	11.6#	7323'	7 7/8"	976 sks	None

30. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	6986'	None

31. PERFORATION RECORD (Interval, size and number)

6992 - 7032' 1 shot per foot
 7094 - 7107' 2 shots per foot
 7112 - 7122' 2 shots per foot

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
7094 - 7122	40,000#sd - 39000 gal slick water
6992 - 7032	30,000#sd - 79,000 gal slick water

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or Shut-in)	
4-7-77		Flowing				Shut-in	
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4-21-77	72	3/4"	→	180	1,500	150	8,333
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
230	750	→	60	500	50	44	

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

Shut-in waiting on pipeline

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 President

DATE 4-28-77

*(See instructions and spaces for Additional Data on Reverse Side)

INSTRUCTIONS

Caveat: This form is designed for submitting a complete and correct well completion report and log on all types of level and lower (to open a Federal agency or a State or both, pursuant to applicable Federal and/or State laws and regulations). Any necessary special instructions concerning the use of this form and the use of cover sheets should be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be listed by, or may be obtained from, the local, area, 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' logs, etc.), sample and core analysis reports, etc., for this and previous tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State law and regulation. All attachments should be listed on this form, see Item 33.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with the local requirements. Complete local requirements or Federal office for specific instructions.

Item 13: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and to any other logs.

Item 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in Items 22 and 24 and Item 24 (b) the production interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval required in Item 23. Submit a separate report (page) on the form and complete instructions for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 26: "Seeks Comment": Attached supplemental records for this well should show the details of any multiple steps in setting and testing of the completion tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instructions for Items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTAINERS THERE OF: COAL, LIGNITE, AND ALL FUEL-BEARING TYPES, INCLUDING DEPTH INTERVAL, THICKNESS, CUSHION (STIFF), PERMEABILITY, AND OTHER FACTORS, INCLUDING ANY SHUT-IN PERIODS, AND RECOVERIES.

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTINUED, ETC.	NAME	DATE	WELL
Pictured Cliff	2800	2850	Porous sandy w/sh	Same as Porous Zones		
Cliff House	4323	4320	Hard tight sandy			
Gallup	5920	6450	Shale w/sandy streaks			
Green Horn	6910	6966	lime & shale			
Dakota "A"	6992	7035	sand - hard streaks			
Dakota "B"	7095	7130	sand & shale			
Dakota "D"	7190	7240	sand hard & tight			