SIGNED

UNITED STATES

SUBMIT IN DUPLICATE. (See other instructions reverse side)

Form approved. Budget Bureau No. 42-R3\$5.5.

DEPARTMENT OF THE INTERIOR 5. LEASE DESIGNATION AND SERIAL GEOLOGICAL SURVEY NOO-C-1420-2717 6. IF INDIAN, ALLOTTEE OR TRIBE NAME WELL COMPLETION OR RECOMPLETION REPORT AND LOG* ia. TYPE OF WELL: WELL X GAS WELL 7 UNIT AGREEMENT NAME DRY L Other b. TYPE OF COMPLETION: DIFF. RESVR. NEW X WORK OVER DEEP-S. FARM OR LEASE NAME 2. NAME OF OPERATOR Navajo 140 Filon Exploration Corporation

3. ADDRESS OF OPERATOR C/O Minerals Management Inc. 10. FIELD AND POOL, OR WILDCAT 501 Airport Dr., Suite 210, Farmington, N. M. 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). Undesignated Entrada
11. sec., T., K., M., OR BLOCK AND SURVEY
OR AREA 330' FNL, 330' FEL, SEC. 14, T19N, R4W SEC. 14, Tl9N, R4W At total depth 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. DATE ISSUED Sandoval N. M. 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 15 DATE SPUDDED 16. DATE T.D. REACHED | 17. DATE COMPL. (Ready to prod.) 6649 11-11-75 6661 $_{
m KB}$ <u>11-1-75</u> 10-20-75 22. IF MULTIPLE COMPL., 23. INTERVALS DRILLED BY ROTARY TOOLS 21. PLUG, BACK T.D., MD & TVD 20. TOTAL DEPTH, MD & TVD HOW MANY 5548 Yes 25. WAS DIRECTIONAL SURVEY MADE 24. PRODUCING INTERVAL(S), OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* No 5442-5460 w/2 SPF 27. WAS WELL CORED 26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray-Inducation Laterolog-Compensated Formation Density-No <u>Dual</u> CASING RECORD (Report all strings set in well) 28. HOLE SIZE CEMENTING RECORD AMOUNT PULLED DEPTH SET (MD) CASING SIZE WEIGHT, LB./FT. 15" 200 sx circulated 10 3/4" 40.50# 197 8 3/4" Ż" 23.00# circ 8 3/4" 578-365 sx (2 stage 1/2" 15.50# 5590 TUBING RECORD LINER RECORD 29. PACKER SET (MD) DEPTH SET (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD) SIZE TOP (MD) SIZE 2545 7/8 2 31. PERFORATION RECORD (Interval, size and number) ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED 5442-5460 w/2 SPF 80 gram shots 34 I PRODUCTION 33.* WELL STATUS (Producing or shut-in) PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump) DATE FIRST PRODUCTION 2 1/2"x2"x16" SIZE | PROD'N. FOR Producing Pumping RWBC 11-11-75 GAS-MCF. WATER-BRL. GAS-OIL RATIO HOURS TESTED CHOKE SIZE OIL-BBL. DATE OF TEST TEST PERIOD TSTM 185 11 - 12 - 75OIL GRAVITY-API (CORR.) WATER-BBL. FLOW, TUBING FRESS. CASING PRESSURE CALCULATED OIL--BBL. 24-HOUR RATE 0 317 25
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY Joe Massey (TSTM) vented 85. LIST OF ATTACHMENTS Drilling Manager 36. I hereby certify that the foregoing and attached information is comple d from all available records

TITLE Mineral

gement Inc. DATE 11-14-75

NSTRUCTIONS

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

Hem 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements, or Federal office for specific instructions. be listed on this form, see item 35. Consult local State

Hem 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. Hems 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.

Hem 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the rementing tool.

Hem 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 DEITH INTERVAL TESTED, CUSH	OUS ZONES: REAT ZONES OF FO	ROSITY AND CONTENT	MARY OF POROUS ZONES; SHOW ALL MICHTANT ZUNES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DELTH INTERVAL TESTED, CUSHION CNED, TIME TOOL OPEN, FLOWING AND SHUT-IN TRESSURES, AND RECOVERIES	38. GEOLOG	GEOLOGIC MARKERS	
FORMATION	TOF	воттом	DESCRIPTION, CONTENTS, ETC.		TOP	d.
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				Morrison	9	
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