

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 _____		
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 _____
2. NAME OF OPERATOR Colorado Plateau Geological Services, Inc. - <i>Trans Ocean</i>						5. LEASE DESIGNATION AND SERIAL NO. NM 26164	
3. ADDRESS OF OPERATOR P.O. Box 537, Farmington, New Mexico 87401						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1122' FNL, 341' FEL At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO. _____ DATE ISSUED _____						8. FARM OR LEASE NAME BiCentennial Freedom	
15. DATE SPUDDED 9-9-76						9. WELL NO. Federal No. 3	
16. DATE T.D. REACHED						10. FIELD AND POOL, OR WILDCAT Wildcat	
17. DATE COMPL. (Ready to prod.)						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 35-T13N-R6E	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*						12. COUNTY OR PARISH Sandoval	
19. ELEV. CASINGHEAD						13. STATE N.M.	
20. TOTAL DEPTH, MD & TVD 1065						21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*						23. INTERVALS DRILLED BY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None						25. WAS DIRECTIONAL SURVEY MADE No, -Couldn't	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
None						6-1/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
31. PERFORATION RECORD (Interval, size and number)							
None							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					
DATE OF TEST		HOURS TESTED		CHOKER SIZE		PROD'N. FOR TEST PERIOD	
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							
None							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <i>Mark E. Smith</i>		TITLE Vice President		DATE 9/12/77		RECEIVED	

*(See Instructions and Spaces for Additional Data on Reverse Side)