

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 checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" 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 Chace Oil Company, Inc.							
3. ADDRESS OF OPERATOR 313 Washington SE, Albuquerque, NM 87108							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface Unit "A" 790' NL & 790' EL At top prod. interval reported below At total depth Same							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPudded		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DE. RSE. ET. GR. ETC.)*	
11-14-76		11-22-76		1-15-77		6895' GR	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
1940'		1921'				ROTARY TOOLS 0-1940'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Chacra - 1695 - 1917½						19. ELEV. CASINGHEAD 6897'	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction & Density Logs						25. WAS DIRECTIONAL SURVEY MADE yes	
27. WAS WELL CORED NO							
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8		24#		82'		13½"	
4 ½		9.5#		1950'		7 7/8"	
						107 sxs	
						250 sxs	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
						SCREEN (MD)	
						1½"	
						1910'	
						none	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		FOUNDER SET (MD)			
31. PERFORATION RECORD (Interval, size and number)							
1695-1708, 1708-1710, 1713-1716 1834-1837, 1840-1845, 1870-1876 1882-1886, 1916-1917½. Two shots per foot.				32. ACID, SURFACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 1695-1917½ Frac'd with 60,000# 10-20 sand & 54,000 gals slick water			
33. PRODUCTION							
DATE FIRST PRODUCTION 1-12-77		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Flowing or Shut-in) Shut-in	
DATE OF TEST 2-5-77		HOURS TESTED 3		CHOKE SIZE 3/4"		PROD'N FOR TEST PERIOD BBL. 796	
FLOW, TUBING PRESS. 67 psig		CASING PRESSURE 180 psig		CALCULATED 24-HOUR RATE OIL—BBL. 960		WATER BBL. 2 Bbls	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented						GAS—MCF 960	
						GAS—BBL. 2 Bbls	
						TEST WITNESSED BY Don McCoy	
35. LIST OF ATTACHMENTS						1977	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.							
SIGNED Roger M. Cary		TITLE President				DATE 2-11-77	

*(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 SPACES 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
Pictured Cliffs Chacra	1215'	1315	SS & Shale	Pictured Cliff Chacra	1215'	1315'
	1660	1922	Sand-Shale Stringers		1660'	1922'