

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions 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 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<br>J. Gregory Merrion and Robert L. Bayless                                                                                                                                                                                                                                                                                                                             |  |                                                       |                                    |                                                                                                                                                             |                                    |                                              |       |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 507, Farmington, NM 87401                                                                                                                                                                                                                                                                                                                                |  |                                                       |                                    |                                                                                                                                                             |                                    |                                              |       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)<br>At surface 1650 FSL & 940 FEL<br>At top prod. interval reported below same<br>At total depth same                                                                                                                                                                                            |  |                                                       |                                    |                                                                                                                                                             |                                    |                                              |       |
| 14. PERMIT NO.<br>U.S. GEOLOGICAL SURVEY<br>FARMINGTON, N. M.                                                                                                                                                                                                                                                                                                                               |  |                                                       |                                    |                                                                                                                                                             |                                    |                                              |       |
| 5. LEASE DESIGNATION AND SERIAL NO.<br>Contract 430                                                                                                                                                                                                                                                                                                                                         |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Jicarilla     |                                    | 7. UNIT AGREEMENT NAME                                                                                                                                      |                                    | 8. FARM OR LEASE NAME<br>Jicarilla 430       |       |
| 9. WELL NO.<br>1-Y                                                                                                                                                                                                                                                                                                                                                                          |  | 10. FIELD AND POOL, OR WILDCAT<br>Ballard Pic. Cliffs |                                    | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br>Sec. 25, T23N, R5W                                                                                     |                                    | 12. COUNTY OR PARISH<br>Sandoval             |       |
| 13. STATE<br>NM                                                                                                                                                                                                                                                                                                                                                                             |  | 15. DATE SPUDDED<br>10/5/78                           |                                    | 16. DATE T.D. REACHED<br>10/11/78                                                                                                                           |                                    | 17. DATE COMPL. (Ready to prod.)<br>Dry Hole |       |
| 18. ELEVATIONS (DF, REB, RT, GR, ETC.)*<br>6913' GR                                                                                                                                                                                                                                                                                                                                         |  | 19. ELEV. CASINGHEAD                                  |                                    | 20. TOTAL DEPTH, MD & TVD<br>2350'                                                                                                                          |                                    | 21. PLUG, BACK T.D., MD & TVD<br>2331'       |       |
| 22. IF MULTIPLE COMPL., HOW MANY*                                                                                                                                                                                                                                                                                                                                                           |  | 23. INTERVALS DRILLED BY<br>ROTARY TOOLS<br>0-TD      |                                    | 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br>none                                                                       |                                    | 25. WAS DIRECTIONAL SURVEY MADE<br>no        |       |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN<br>IES Induction, Comp. Neutron-Density                                                                                                                                                                                                                                                                                                                |  | 27. WAS WELL CORED<br>no                              |                                    | 28. CASING RECORD (Report all casing set in product)<br>Casing Size Weight, LB./FT. Depth Set (MD) Hole Size<br>7" 23 72' 9-3/8"<br>2-7/8" 6.4 2348' 5-1/8" |                                    | AMOUNT PULLED<br>40 sacks<br>225 sacks       |       |
| 29. LINER RECORD<br>SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD)                                                                                                                                                                                                                                                                                                                     |  |                                                       |                                    | 30. TUBING RECORD<br>SIZE DEPTH SET (MD) PACKER SET (MD)                                                                                                    |                                    |                                              |       |
| 31. PERFORATION RECORD (Interval, size and number)<br>2225-33: 2 PF - .430"<br>2236-40: 2 PF - .430"                                                                                                                                                                                                                                                                                        |  |                                                       |                                    | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.<br>DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED<br>2225-2240 50,000# 10/20, 842 bbls. slick water.   |                                    |                                              |       |
| 33. PRODUCTION<br>DATE FIRST PRODUCTION none PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in) shut in<br>DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO<br>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 <u>John J. [Signature]</u>                                                                                                                                                                                                                                                                                                                                                           |  | TITLE Engineer                                        |                                    | DATE June 10, 1980                                                                                                                                          |                                    |                                              |       |

\*(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:<br>SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING<br>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 |
| Pic. Cliffs                                                                                                                                                                                                                                           | 2225 | 2240   | salt water, gas             | Ojo Alamo<br>Kirtland<br>Fruitland<br>Pic. Cliffs | 1760'<br>1945'<br>2070'<br>2224' |                  |