

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.5

5. LEASE DESIGNATION AND SERIAL NO.

NM 26037

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

Federal #8

10. FIELD AND POOL, OR WILDCAT

Wild cat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

S/2 S 29 T17N-R4W

12. COUNTY OR PARISH

Sandvale

13. STATE

N. Mex

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other *U. S. GEOLOGICAL SURVEY*
DURANGO COLO.

2. NAME OF OPERATOR

Wm. B. Martin Jr

3. ADDRESS OF OPERATOR

1300 West Navajo Emphn N. Mex 87401

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

At surface *915 fsl & 775 fwl Sec 29 T17N-R4W*

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED
8/31/79

15. DATE SPUDED *9/3/79* 16. DATE T.D. REACHED *9/3/79* 17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, REB, RT, GR, ETC.)* *6329 ground* 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD *100* 21. PLUG, BACK T.D., MD & TVD *Plug 0-100'* 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS *0-100* CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
None Menefee Dry Surface to T.D. 25. WAS DIRECTIONAL SURVEY MADE *No*

26. TYPE ELECTRIC AND OTHER LOGS RUN *Southwest Surveys Gamma Ray-Density* 27. WAS WELL CORED *No*

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<i>None</i>	<i>—</i>	<i>—</i>	<i>6 1/4</i>	<i>—</i>	<i>—</i>

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
<i>None</i>							

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<i>None</i>	

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

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 *Wm. B. Martin Jr* TITLE *Operator* DATE *9/17/79*

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