

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. N.M. 11446 ✓	
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 _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Noel Reynolds ✓		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Box 356, FLORA VISTA, NEW MEX. 87415 ✓		8. FARM OR LEASE NAME Bosco ✓	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' T.S.L., 1980' W.L. ✓ At top prod. interval reported below At total depth		9. WELL NO. 1 ✓	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT WILDCAT ✓	
DATE ISSUED 3-29-80		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA S. 11, T. 16 N., R. 3 W. NE 1/4 SW 1/4 ✓	
15. DATE SPUDDED 3-29-80		12. COUNTY OR PARISH SANDOVAL	
16. DATE T.D. REACHED 4-16-80		13. STATE NEW MEXICO	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6,007' gr.	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6,050'	
21. PLUG, BACK T.D., MD & TVD ABANDONED		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY ROTARY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma-Ray - Density - S.P. Resistance	
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)	
CASING SIZE 7"		WEIGHT, LB./FT. 20 lb	
DEPTH SET (MD) 91'		HOLE SIZE 8 5/8"	
CEMENTING RECORD Circulated to Surface		AMOUNT PULLED	
29. LINER RECORD		30. TUBING RECORD	
SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD)		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		CHOKE SIZE	
PROD'N. FOR TEST PERIOD		OIL—BBL.	
GAS—MCF.		WATER—BBL.	
FLOW. TUBING PRESS.		CASING PRESSURE	
CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY	
35. LIST OF ATTACHMENTS		ACCEPTED FOR RECORD	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		APR 22 1980	
SIGNED Noel Reynolds		DATE 4-18-80	
TITLE operator		FARMINGTON DISTRICT	
BY M.L. Kuchera		NMOCC FARMINGTON COPY	

\*(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 for 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:** "Secks (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 POROSITY ZONES:

SHOW ALL IMPORTANT ZONES 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
MANCOS SHALE	- 0 -	539'			
DALTON SANDSTONE	539	608'			
MULATTO SHALE	608	689'			
TONGUE	689	724'			
NIOBRARA	724	845'			
T/GALLUP	845	947'			
HOSPITAL ZONE	947	1009'			
T/MASSIVE					
GALLUP					