

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-3355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input 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						5. LEASE DESIGNATION AND SERIAL NO.									
J. Gregory Merrion & Robert L. Bayless						Contract 360									
3. ADDRESS OF OPERATOR						6. IF INDIAN, ALLOTTEE OR TRIBE NAME									
P. O. Box 507, Farmington, NM 87401						Jicarilla Tribe									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						7. UNIT AGREEMENT NAME									
At surface 790' FNL & 790' FWL															
At top prod. interval reported below same															
At total depth same						8. FARM OR LEASE NAME									
						Bonanza									
14. PERMIT NO.						9. WELL NO.									
						3									
DATE ISSUED						10. FIELD AND POOL, OR WILDCAT									
						Chacon Dakota									
12. COUNTY OR PARISH						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA									
Sandoval						Section 1, T22N, R3W									
13. STATE						12. COUNTY OR PARISH									
New Mexico						Sandoval									
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD							
10-30-80		11-11-80		1-10-81		7156 GL, 7169 KB									
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS							
7149 KB		7113 KB				10-7149		CABLE TOOLS							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*								25. WAS DIRECTIONAL SURVEY MADE							
6898-7004 Dakota								no							
26. TYPE ELECTRIC AND OTHER LOGS RUN								27. WAS WELL CORED							
Spherically focused induction log, compensated neutron, formation density								no							
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
8-5/8"		28		190		11		175 sacks		none					
4-1/2"		10.5 & 11.6		7148		7-7/8		1050 sacks - 2 stage		none					
29. LINER RECORD										30. TURNING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		(SIZE) DEPTH SET (MD) PACKER SET (MD)					
										2-3/8" 36880 none					
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
6897-6913 11 holes (0.43) 32 holes (0.52)										DEPTH INTERVAL (MD)					
6928-6942 10 holes (0.43) 32 holes (0.52)										AMOUNT AND KIND OF MATERIAL USED					
6994-7004 20 holes (0.52)										6994-7004 38600 gal. water & 30000# 20-40 sd					
										6897-6942 109200 gal. water & 84000# 20-40 sd					
33.* PRODUCTION															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)							
1-9-81		flowing						shut in							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
1-10-81		24		3/4		184		693		32		3766			
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
55		550		184		693		32		48.2					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)										TEST WITNESSED BY					
Vented										Steven S. Dunn					
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															
SIGNED		TITLE						Co-Owner		DATE		JAN 13 1981			

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

NMOCG

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.)

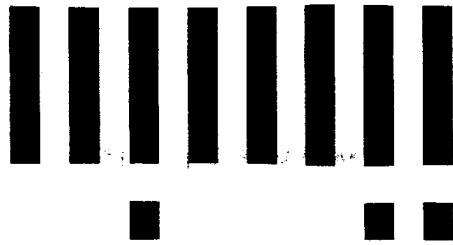
37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORREL. INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL, TESTED, CUBIC FEET USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Tertiary	0	2438	Sand & shale, fresh water	Ojo Alamo	2322	
Fruitland	2428	2666	Sand, shale & coal, tite	Fruitland	2438	
Pictured Cliff	2666	2783	Silt & shale, tite gas	Pictured Cliffs	2666	
Lewis	2783	4182	Silt & shale, tite	Cliffhouse	4182	
Mesaverde	4182	4880	Sand & shale, water	Point Lookout	4772	
Mancos	4880	6790	Silt & shale, tite	Mancos	4880	
Greenhorn	6790	6860	Limy shale, tite	Greenhorn	6790	
Dakota	6860	7149	Sand & shale, oil, gas, & water	Graneros	6860	

38.

GEOLOGIC MARKERS



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other

2. NAME OF OPERATOR

J. Gregory Merrion & Robert L. Bayless

3. ADDRESS OF OPERATOR

P. O. Box 507, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790 FNL & 790 FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

☐
☐
☐
☐
☐
☐
☐
☐

(other) Drilling

X

5. LEASE

Contract 360

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bonanza

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Chacon Dakota

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

Section 1, T22N, R3W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

14. API NO.

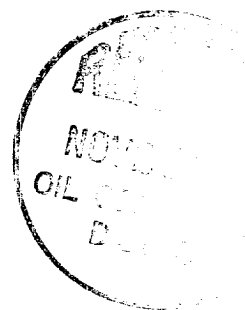
15. ELEVATIONS (SHOW DF, KDB, AND WD)

7156 GL 7164 KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

See attached report.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Co-Owner DATE November 17, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MOCC

BW