

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.

5. LEASE DESIGNATION AND SERIAL NO.

MM 12206

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

Hubbell 1-15

10. FIELD AND POOL, OR WILDCAT

WC Gallop

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

**SESR Section 15
T. 16 N., R. 4 W.**

12. COUNTY OR PARISH

Sandoval

13. STATE

NM

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

2. NAME OF OPERATOR
HUBBELL DRILLING COMPANY

3. ADDRESS OF OPERATOR
P. O. BOX 266 PREMITT NM 87405

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

At surface **368' PBL 476' PBL Unit (*)**

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

Verbal

15. DATE SPUDDED

9/30/80

16. DATE T.D. REACHED

10/6/80

17. DATE COMPL. (Ready to prod.)

No Production

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

6085 GR

19. ELEV. CASINGHEAD

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20. TOTAL DEPTH, MD & TVD

212'

21. PLUG, BACK T.D., MD & TVD

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22. IF MULTIPLE COMPL., HOW MANY*

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23. INTERVALS DRILLED BY

Rotary

ROTARY TOOLS

CABLE TOOLS

Surf. to 10'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

None

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

Sample log

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
7" OD	24	46' 3"	8"	9 sx	None

29. LINER RECORD **None**

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD **None**

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
None	

33.* PRODUCTION

DATE FIRST PRODUCTION **None** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **ACCEPTED FOR RECORD** 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.)

BY **[Signature]** TEST WITNESSED BY

35. LIST OF ATTACHMENTS

None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED **John P. Chace** TITLE **Agent** DATE **11/6/80**

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

NMOCC

