

UNITED STATES

SUBMIT IN DUPLICATE*

Form approved.
Bureau Bureau No. 40-R1551.DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See other in-
structions on
reverse side)

(Amended)

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 type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <u>plugged</u>
2. NAME OF OPERATOR Black Oil-CPGS Inc.							
3. ADDRESS OF OPERATOR P.O. Box 537 -- Farmington, New Mexico 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990 FNL and 990 FEL At top prod. interval reported below same At total depth same							
14. PERMIT NO. 3. GEOLOGICAL SURVEY FARMINGTON, N. M. DATE ISSUED 12-16-80							
5. LEASE DESIGNATION AND SERIAL NO. NM-31580		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Marlebru Federal	
9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Wildcat		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 19, T18N, R4W NMPM		12. COUNTY OR PARISH Sandoval	
13. STATE New Mexico		15. DATE SPUDDED 12-16-80		16. DATE T.D. REACHED 1-3-81		17. DATE COMPL. (Ready to prod.)	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6725		19. ELEV. CASINGHEAD 6720		20. TOTAL DEPTH, MD & TVD 595		21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		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 None		27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)		29. LINER RECORD	
Casing Size 8 5/5"		Weight, lb./ft. 24#		Depth Set (MD) 98		Hole Size 12"	
Cementing Record circulated 40 surface		Amount Pulled		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number) None	
Size SIZE		Top (MD) TOP (MD)		Bottom (MD) BOTTOM (MD)		Sacks Cement* SACKS CEMENT*	
Screen (MD) SCREEN (MD)		Size SIZE		Depth Set (MD) DEPTH SET (MD)		Packer Set (MD) PACKER SET (MD)	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		Depth Interval (MD) DEPTH INTERVAL (MD)		Amount and Kind of Material Used AMOUNT AND KIND OF MATERIAL USED		33.* PRODUCTION	
Date First Production NA		Production Method (Flowing, gas lift, pumping—size and type of pump)		Well Status (Producing or shut-in)		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
Date of Test DATE OF TEST		Hours Tested HOURS TESTED		Choke Size CHOKE SIZE		Prod'n. for Test Period PROD'N. FOR TEST PERIOD	
Flow. Tubing Press. FLOW. TUBING PRESS.		Casing Pressure CASING PRESSURE		Calculated 24-hour Rate CALCULATED 24-HOUR RATE		Oil—BBL. OIL—BBL.	
Gas—MCF. GAS—MCF.		Water—BBL. WATER—BBL.		Oil Gravity-API (Corr.) OIL GRAVITY-API (CORR.)		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>Bruce Black</u>		TITLE <u>President</u>		DATE <u>4/27/81</u>	
FARMINGTON DISTRICT		BY <u>RB</u>		ACCEPTED FOR RECORD		MAY 1 1981	

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

NMOCC

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 POREOUS 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		DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
	surface	bottom			MEAS. DEPTH	TRUE VERT. DEPTH
Menefee	surface	595	Alternate Sands and Shales. All water bearing. No oil or gas was encountered in this test.	Menefee	surface	595'

38. GEOLOGIC MARKERS