

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.

30-043-20533

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM21454 Federal	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. CESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Jack A. Cole		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 191, Farmington, N.M. 87401		8. FARM OR LEASE NAME Alamos Canyon	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 860/S and 820/W Sec. 4-T21N-R6W At top prod. interval reported below same At total depth same		9. WELL NO. 11	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Wildcat Chacra	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 4-T21N-R6W	
12. COUNTY OR PARISH Sandoval		13. STATE N. M.	
15. DATE SPUDDED 1-11-81	16. DATE T.D. REACHED 1-14-81	17. DATE COMPL. (Ready to prod.) 4-7-81	18. ELEVATIONS (DF, REB, RT, OR, ETC.)* 6824 GR.
19. ELEV. CASINGHEAD 6827		20. TOTAL DEPTH, MD & TVD 1625	
21. PLUG BACK T.D., MD & TVD 1565		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND T.D.) 1396-1436 Chacra	
25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN ES-Ind. and GR-Density	
27. WAS WELL CORRED 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 24.0 127 12 1/4 100 sacks None 6 3/4 9.5 1608 6 3/4 250 sacks None	
29. LINER RECORD Size Top (MD) Bottom (MD) Sacks Cement* Screen (MD) 1 1/4 1411		30. TUBING RECORD Size Depth Set (MD) Packer Set (MD) 1 1/4 1411	
31. PERFORATION RECORD (Interval, size and number) 1396-1436 Chacra		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. Depth Interval (MD) Amount and Kind of Material Used 1396-1436 33,000 gal. Foam; 40,000# sd.	
33. PRODUCTION Date First Production Production Method (Flowing, gas lift, pumping—size and type of pump) Flowing Date of Test Hours Tested Choke Size Prod'n. for Test Period Oil—BBL Gas—MCF Water—BBL Gas-Oil Ratio 4-7-81 3 0.75 275 AOF		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented	
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 Jack A. Cole TITLE Operator NMOCC DATE 4-10-81	

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

causal: 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, 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.

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.), formations 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.

em 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 Federal office for specific instructions.

em 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.
ems 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.

em 2: "Sacks Cement"; Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. em 3: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		GEOLOGIC MARKERS		TRUE VERT. DEPTH	
Ojo Alamo	460	690	Sand						
Kirtland	690	985	Shale						
Fruitland	985	995	Coal						
Pictured Cliffs	995	1160	Sand						
Lewis	1160	1370	Shale						
Chacra	1370	TD	Sand and shale						