

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 <input type="checkbox"/>				5. LEASE DESIGNATION AND SERIAL NO. NM 13523			
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. REVR. <input type="checkbox"/> Other <input type="checkbox"/>				6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
2. NAME OF OPERATOR T. L. Morris				7. UNIT AGREEMENT NAME			
3. ADDRESS OF OPERATOR P. O. Drawer M - Milan, New Mexico 87021				8. FARM OR LEASE NAME RUTHIE			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FSL 330' FEL At top prod. interval reported below At total depth				9. WELL NO. 1			
14. PERMIT NO. U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.				10. FIELD AND POOL, OR WILDCAT WC			
15. DATE SPUDDED 4-30-81				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SESE Sec 4 T16N R3W			
16. DATE T.D. REACHED 10-21-81				12. COUNTY OR PARISH Sandoval			
17. DATE COMPL. (Ready to prod.) 10-31-82 Plugged				13. STATE NM			
18. ELEVATIONS (DF, RKB, RT, OR, ETC.)* 6170 Cal				19. ELEV. CASINGHEAD 6174			
20. TOTAL DEPTH, MD & TVD 600'				23. INTERVALS DRILLED BY Rotary			
21. PLUG, BACK T.D., MD & TVD				25. WAS DIRECTIONAL SURVEY MADE no			
22. IF MULTIPLE COMPL., HOW MANY*				27. WAS WELL CORED no			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* No production - well was plugged							
28. TYPE ELECTRIC AND OTHER LOGS RUN Gamma ray neutron SP Electric							
29. CASING RECORD (Report all strings set in well)							
CASINO SIZE		WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED
8 5/8 surf		20	60	10 1/4	30 sks		
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				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)				WELL STATUS (Producing or shut-in):	
No production		well was plugged				plugged	
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO.
FLOW. TUBING PRESS.	CASINO PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
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>Jim Pope</u>				TITLE <u>Agent</u>		DATE <u>MAR 17 1982</u>	

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

NMOCC

BY

FARMINGTON DISTRICT

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.

Item 1: 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; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUTION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH	TRUE VERT. DEPTH
Niobrara shale	590	600	sand	niobrara	590	600