

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 13779	
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. RESV. <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 CHERYL LYNN	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface 880' FWL 330' FSL At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO. DATE ISSUED.		10. FIELD AND POOL, OR WILDCAT WC	
15. DATE SPUDDED 5-30-81		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SWSW Sec. 22 T16N R4W	
16. DATE T.D. REACHED 10-21-81		12. COUNTY OR PARISH Sandoval	
17. DATE COMPL. (Ready to prod.) 10-21-81 Plugged		13. STATE NM	
18. ELEVATIONS (OF, RKB, RT, OR, ETC.) 6310' <i>GL</i>		19. ELEV. CASINGHEAD 6310'	
20. TOTAL DEPTH, MD & TVD 325'		21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY Rotary	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* No production - well was plugged		25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray neutron & SP electric		27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8 surf	20	30	10 1/4
CEMENTING RECORD		AMOUNT PULLED	
12 sks			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
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 No production		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Well was plugged	
WELL STATUS (Producing or shut-in) plugged			
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.)		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 <i>Jim Peppas</i>		TITLE Agent	
DATE 12-9-82		MAR 17 1982	

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

NMOCC

FARMINGTON DISTRICT

BY *[Signature]*

INSTRUCTIONS

General: This form is designed for submittal of 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, 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 POTENTIAL ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATION INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING STRESS AND STRAIN TESTS, CUSHION TESTS, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAN DEPTH	TRUE VERT. DEPTH
Hosta	295	300	Sand	Hosta	295	300