

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 _____		7. UNIT AGREEMENT NAME _____	
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>plug</u>		8. FARM OR LEASE NAME <u>Federal</u>	
2. NAME OF OPERATOR <u>Black Oil, Inc.</u>		9. WELL NO. <u>1</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 537, Farmington, NM 87499</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* <u>At surface 1735 FEL, 750 FSL, Sec. 20, T18N, R4W</u> <u>At top prod. interval reported below</u> <u>At total depth same as above</u>		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <u>Sec. 20, T18N, R4W</u>	
14. PERMIT NO. _____ DATE ISSUED _____		12. COUNTY OR PARISH <u>Sandoval</u>	
15. DATE SPUDDED <u>10/26/83</u>		13. STATE <u>New Mexico</u>	
16. DATE T.D. REACHED <u>11/3/83</u>		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* <u>6548 GR 6552 KB</u>	
17. DATE COMPL. (Ready to prod.) <u>NA</u>		19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD <u>3675</u>		21. PLUG, BACK T.D., MD & TVD <u>NA</u>	
22. IF MULTIPLE COMPL., HOW MANY* <u>NA</u>		23. INTERVALS DRILLED BY <u>0 - 3675</u>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>None</u>		25. WAS DIRECTIONAL SURVEY MADE <u>Yes</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>Black Oil Mud Log, Schlumberger Dual Induction Gamma Ray</u>		27. WAS WELL CORED <u>No</u>	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
<u>7"</u>	<u>20# K-55</u>	<u>120'</u>	<u>9-3/4"</u>
CEMENTING RECORD		AMOUNT PULLED	
<u>Surface to 120'</u>		<u>None</u>	
<u>62 Ft. 3 1 sx CACL₂</u>			
<u>130 Ft. 3 130 sx CACL₂</u>		<u>P&A</u>	
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)			
<u>NA</u>			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
<u>NA</u>		<u>OIL</u>	
33. PRODUCTION			
DATE FIRST PRODUCTION <u>NA</u>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <u>NA</u>	
WELL STATUS (Producing or shut-in) <u>P&A 11/4/83</u>			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
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 <u>[Signature]</u>		TITLE <u>Pres.</u>	
DATE <u>Dec 1, 1983</u>			

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

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NMOCC

FARMINGTON RESOURCE AREA

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 POROUS ZONES:				38. GEOLOGIC MARKERS			
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	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP		
					MEAS. DEPTH	TRUE VERT. DEPTH	
				Menefee	Surface		
				Point Lookout	1468'	1468'	
				Mancos	1532'	1532'	
				Gallup	2596'	2596'	
				Lower Mancos	2680'	2680'	
				Greenhorn	3326'	3326'	
				Dakota	3546'	3546'	