

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 ☐ GAS WELL ☒ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 990, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface **1650'S, 800'E**

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

RECEIVED

JUL 20 1965

OIL CON. COM.

DIST. 3

5. LEASE DESIGNATION AND SERIAL NO.

SF 078910

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lindrith Unit

8. FARM OR LEASE NAME

Lindrith Unit

9. WELL NO.

56

10. FIELD AND POOL, OR WILDCAT

So. Blanco P. C.

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

**Sec. 31, T-24-N, R-2-W
N.M.P.M.**

12. COUNTY OR PARISH

Rio Arriba New Mexico

13. STATE

15. DATE SPUDDED

6-7-65

16. DATE T.D. REACHED

6-12-65

17. DATE COMPL. (Ready to prod.)

6-29-65

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

7262' GL, 7272' DF

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

3227'

21. PLUG, BACK T.D., MD & TVD

C.O. 3203

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

0 - 3227

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

3116-3136 (Pictured Cliffs)

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Electrolog, Radioactivity Log, Temperature Survey

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	NO. OF JOBS
8 5/8"	24#	111'	12 1/4"	100 Sks.	
2 7/8"	6.5#	3227'	7 7/8"	100 Sks.	

RECEIVED

JUL 19 1965

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

30. TUBING RECORD

Tubingless Completion

31. PERFORATION RECORD (Interval, size and number)

3116-36 w/2" Gowinder & 2 SPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3116-3136	28,460 gal. water, 30,000# sand 30 gal. acid

33.*

PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

DATE OF TEST

HOURS TESTED

CHOKE SIZE

Flowing

OIL—BBL.

GAS—MCF.

WATER—BBL.

GAS-OIL RATIO

7-9-65**3****3/4"**

PROD'N. FOR TEST PERIOD

OIL—BBL.

4506

WATER—BBL.

OIL GRAVITY-API (CORR.)

FLOW. TUBING PRESS.

CASING PRESSURE

942

CALCULATED 24-HOUR RATE

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

D. Roberts

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

OR G NAL SIGNED **E. S. OBERLY**

SIGNED

TITLE **Petroleum Engineer**DATE **7-15-65**

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

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	
FORMATION	TOP	DEPTH	TRUE VERT. DEPTH
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		NAME	
DESCRIPTION, CONTENTS, ETC.		MEAS. DEPTH	
BOTTOM		TOP	
		Ojo Alamo	2700
		Kirtland	2916
		Fruitland	3020
		Pietured Cliffs	3110
		Lewis	3191