

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.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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						P. O. Box 990, Farmington, New Mexico	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						At surface 1830'N, 810'E, Sec. 24, T-24-N, R-3-W	
At top prod. interval reported below							
At total depth							
14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH		13. STATE	
				Rio Arriba		New Mexico	
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, SR, ETC.)*	
8-28-63		9-2-63		9-16-63		7015'GL, 7025'DF	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
3173						0 - 3173	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
3040 - 3100 Pictured Cliffs						Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
Elec. Log, Cement Bond Log, Temperature Survey						No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		24#		145		12 1/4"	
2 7/8"		6.5#		3173'		6 1/4"	
29. LINER RECORD		30. TUBING RECORD		SIZE		DEPTH SET (MD)	
SIZE		TOP (MD)		BOTTOM (MD)		PACKER SET (MD)	
						Tubingless Completion	
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
3040-46 - 12 holes				DEPTH INTERVAL (MD)			
3074-78 - 12 holes				AMOUNT AND KIND OF MATERIAL USED			
3088-3100 - 12 holes				3040-3100 30,678 gal. water			
				30,000# 10/20 sand			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)				WELL STATUS (Producing or shut-in)	
						Shut-In	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
10-4-63		3		3/4"			
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL--BBL.	
						1688 MCF/D	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
						W. D. Dawson	
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		ORIGINAL SIGNED		TITLE		DATE	
OR G'NAL SIGNED		P. S. OBERLY		Petroleum Engineer		10-14-63	

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

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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 each 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	MEAS. DEPTH
Surface	0	2765				TRUE VERT. DEPTH
Ojo Alamo	2765	2812				
Kirtland	2812	2910				
Fruitland	2910	3042				
Pictured Cliffs	3042	3108				
Lewis	3108	3173				

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WASHINGTON, D.C.