

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 ☐		5. LEASE DESIGNATION AND SERIAL NO. 13 070835	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME Canyon Largo Unit	
3. ADDRESS OF OPERATOR Box 910, Farmington, New Mexico		8. FARM OR LEASE NAME Canyon Largo Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 100' N, 1000' E At top prod. interval reported below At total depth		9. WELL NO. 155	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Cuero Chacra	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 11, T-25-N, R-6-W N.M.P.M.	
15. DATE SPUDDED 1-25-61		12. COUNTY OR PARISH Rio Arriba	
16. DATE T.D. REACHED 12-2-61		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 12-2-61		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 675' GL	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 3379'	
21. PLUG, BACK T.D., MD & TVD 3539'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 0-300		ROTARY TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3128-3538(Chacra)		CABLE TOOLS	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN IL, ILC/GA, 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		AMOUNT CEMENTED	
3 5/8"		24	
2 7/8"		6.4	
124'		12 1/4"	
3579'		6 3/4"	
35		270	
29. LINER RECORD		30. TUBING RECORD	
SIZE		TOP (MD)	
BOTTOM (MD)		SACKS CEMENT*	
SCREEN (MD)		SIZE	
DEPTH SET (MD)		OIL	
GAS		CORR. CORR.	
DIST. 3		31. PERFORATION RECORD (Interval, size and number) 3128-35, 3228-35 1/30 size	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		DEPTH INTERVAL (MD)	
AMOUNT AND KIND OF MATERIAL USED		3228-3538	
30,000 gal. wtr. 20,000# sand		33.* PRODUCTION	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
WELL STATUS (Producing or shut-in) Shut-in		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.) 1117 MCF/D AND		TEST WITNESSED BY D. R. 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	
SIGNED		TITLE Petroleum Engineer	
DATE Dec. 18, 1960			

*(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: 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				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
				Pictured Cliffs Chacra	2850 3725