

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 _____						7. UNIT AGREEMENT NAME Jicarilla	
2. NAME OF OPERATOR El Paso Natural Gas Co.						8. FARM OR LEASE NAME Jicarilla 67	
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401						9. WELL NO. #15	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1500' North, 1520' East At top prod. interval reported below At total depth						10. FIELD AND POOL, OR WILDCAT Basin Dakota	
14. PERMIT NO. _____ DATE ISSUED _____						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 30, T-25-N, R-5-W NMPM	
15. DATE SHUDDERED 6-9-79 16. DATE T.D. REACHED 6-19-79 17. DATE COMPL. (Ready to prod.) 10-4-79						12. COUNTY OR PARISH Rio Arriba 13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6523' GL						19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 7081'		21. PLUG, BACK T.D., MD & TVD 7067'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY → 0-7081'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6765'-6901' (Dakota)						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CDL-CR; IEL; Temp. 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	
9 5/8"		32.3#		219'		13 3/4"	
4 1/2"		10.5 & 11.6#		7081'		7 7/8 & 8 3/4"	
						293 cf	
						1349 cf	
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)			
30. TUBING RECORD					SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	6885'	
31. PERFORATION RECORD (Interval, size and number)							
6765, 6791, 6841, 6846, 6851, 6857, 6872, 6879, 6886, 6895, 6901' w/1 SPZ.							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
6765-6901'				73,000# sd, 78,000 gal. wtr.			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		After frac, guage 744 MCF/D				Shut-in	
DATE OF TEST	HOURS TESTED	CHOKED SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10-4-79			→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
SI 1731	SI 1719	→					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY J. Goodwin	
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>J. G. Duisco</u>				TITLE <u>Drilling Clerk</u>		DATE <u>October 10, 1979</u>	

***(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 23, 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
				P.C.	2524'
				Chacra	3563'
				M.V.	4070'
				P.L.	4688'
				Gallup	5863'
				G.H.	6650'
				Graneros	6699'
				Dakota	6837'