

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions 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 Jerome P. McHugh							
3. ADDRESS OF OPERATOR P O Box 208, Farmington, NM 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 790' FNL - 1850' FEL At top prod. interval reported below At total depth							
14. PERMIT NO.							
15. DATE SPUDDED 12-21-79							
16. DATE T.D. REACHED 1-16-80							
17. DATE COMPL. (Ready to prod.) to be P & A							
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 7235' GL							
19. ELEV. CASINGHEAD							
20. TOTAL DEPTH, MD & TVD 3414'							
21. PLUG, BACK T.D., MD & TVD 3353'							
22. IF MULTIPLE COMPL., HOW MANY* dry							
23. INTERVALS DRILLED BY ROTARY TOOLS TD CABLE TOOLS							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NA							
25. WAS DIRECTIONAL SURVEY MADE NO							
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Gamma-Ray, Compensated Density/Neutron, GR-CCL							
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 PULLED
8-5/8"	23	212' GL	12-1/4"	235 sx class B, 2% CaCl	---
4-1/2"	10.5	3416' KB	7-7/8"	250 sx 50-50 pos	---

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None						NA	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
3200-3207		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		See sundry notice of 9-5-80 for details.	

33.* PRODUCTION							
DATE FIRST PRODUCTION NA		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Plan to P & A				WELL STATUS (Producing or 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.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS							

36. I hereby certify that the foregoing and attached information is correct and was determined from all available records.					
SIGNED	Jim L. Jacobs	BY	Dean Elliott	TITLE	Agent

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

NMOCC

APPROVED	
DATE 7-16-80	
JUL 17 1981	
Dean Elliott	
En DISTRICT ENGINEER	

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 33.

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	MEAS. DEPTH	TRUE VERT. DEPTH
				Ojo Alamo Fruitland Pictured Cliffs	3050' 3188' 3320'	