

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

FOR APPROVED
OMB NO. 1004-0137
Expires: December 31, 1991

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Contract 10

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME, WELL NO.

Jicarilla L #12

9. API WELL NO.

30-039-22528

10. FIELD AND POOL, OR WILDCAT

Otero Gal/Basin DK

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

Sec.34, T-25-N, R-5-W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

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. REVR. ☒ Other _____

2. NAME OF OPERATOR

Meridian Oil Inc

3. ADDRESS AND TELEPHONE NO.

PO Box 4289, Farmington, NM 87499 (505) 326-9700

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

At surface 1580' FSL, 1600' FEL

At top prod. interval reported below

At total depth

DHC R-8109, R-8109A

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

2-27-81

16. DATE T.D. REACHED

3-18-81

17. DATE COMPL. (Ready to prod.)

7-6-93

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

6765 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

8500

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

7495

22. IF MULTIPLE COMPL., HOW MANY*

2

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-8500

CABLE TOOLS

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

6130-6412 Gallup

DHC w/Dakota

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR CCL CBL

27. WAS WELL CORED

No

CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
8 5/8	23	334	12 1/4	325 sx	
5 1/2	17	8494	7 7/8	1579 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	7123	

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

6130-6412

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6130-6412	30,912 gal 20# gel, 223,000# 20/40 sd 1,667,000 SCF N2

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Flowing				SI	
DATE OF TEST	HOURS TESTED	CHOKED SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
7-6-94			→		167	pitot gauge	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)	
	SI 780	→					

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

To be sold

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

None

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

SIGNED

TITLE Regulatory Affairs

DATE 10-3-94

*(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.), formations 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 FORMER ZONES: SHOW ALL IMPORTANT ZONES OF PRODUCTIVITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL, DRILL-STEM TESTS, INCLUDING DRILL INTERVAL TESTED, CUSHION TIME, 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
Ojo Alamo	2173		Water			
Fruitland	2595		Sand & Water			
Pictured Cliffs	2750		Sand & Shale			
Chacra	3610		Sand & Shale			
Cliffhouse	4172		Gas & Shale			
Menefee	4400		Shale			
Point Lookout	4910		Shale			
Mancos	5295		Shale			
Gallup	5760		Shale			
Greenhorn	6915		Sandstone			
Yakota	7015		Gas			
Morrison	7372		Shale			