

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 Consolidated Oil & Gas Inc.															
3. ADDRESS OF OPERATOR P.O. Box 2039 Farmington, New Mexico															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1720' from the North Line. 850' from the East line of Section # 5 At top prod. interval reported below At total depth															
14. PERMIT NO.				DATE ISSUED											
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD							
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY* Dual		23. INTERVALS DRILLED BY ROTARY TOOLS		CABLE TOOLS							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7772-7805 Tooto member of Gallup								25. WAS DIRECTIONAL SURVEY MADE							
26. TYPE ELECTRIC AND OTHER LOGS RUN								27. WAS WELL CORRED							
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		AMOUNT PULLED							
29. LINER RECORD															
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)							
30. TUBING RECORD															
SIZE		DEPTH SET (MD)		PACKER SET (MD)											
1 1/2"		Combination		String set at											
1 1/4"		7784'													
31. PERFORATION RECORD (Interval, size and number)															
7772-7779															
7782-7787 two per foot															
7793-7805 total 48- 1/2" holes															
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.															
DEPTH INTERVAL (MD)					AMOUNT AND KIND OF MATERIAL USED										
7772-7805					Sand oil Frac with 23,200 gallons of oil and 25,000 pounds of sand.										
33. PRODUCTION															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)								
		Flowing					Shut In								
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.		WATER—BBL.		GAS-OIL RATIO	
2/12/64		3		3/4"		→								74:000:1 Est.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
330		1401		→		62		4,614				65° A.P.I.			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)												TEST WITNESSED BY Clyde Phillips			
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>Thomas M. Boyd</u> TITLE <u>Area Superintendent</u> DATE <u>3/16/64</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 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all instructions must be submitted with this summary record.

tion 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.

for each additional interval to be separately produced, showing the additional data pertinent to such interval.

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	TOP TRUE VERT. DEPTH

SEE ATTACHED COMPLETION HISTORY FOR ADDITIONAL INFORMATION