Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

RECEIVED
OCT 7 1969
U.S. GEOLOGICAL SURVEY
DURANGO, COLO.

5. LEASE DESIGNATION AND SERIAL NO.: NM 014058

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other

7. UNIT AGREEMENT NAME:

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

8. FARM OR LEASE NAME: Fields

2. NAME OF OPERATOR: Robert L. Bayless & J. Gregory Merrion

9. WELL NO.: Gen 1

3. ADDRESS OF OPERATOR: Box 1541, Farmington, New Mexico

10. FIELD AND POOL, OR WILDCAT: Ojo Chacra

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: 1430' fwl and 1700' fnl
At top prod. interval reported below: Same
At total depth: Same

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 31-26N-6W

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: Rio Arriba | 13. STATE: N. Mex.

15. DATE SPUDDED: 7/10/69 | 16. DATE T.D. REACHED: 7/17/69 | 17. DATE COMPL. (Ready to prod.): 8/10/69 | 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*: 6216 GL | 19. ELEV. CASINGHEAD:

20. TOTAL DEPTH, MD & TVD: 3321 | 21. PLUG, BACK T.D., MD & TVD: 3293 | 22. IF MULTIPLE COMPL., HOW MANY* | 23. INTERVALS DRILLED BY: all | ROTARY TOOLS | CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD): 3170 - 3190 Chacra

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: CS Induction Gamma Ray Accoustic

27. WAS WELL CORED: No

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OCT 14 1969
OIL CON. COM.
DIST. 3

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7 5/8	28#	100	9 7/8	100 sax	none
2 7/8	6.5#	3325	6 3/4	450 sax	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)
3170 - 90 with 20 1-11/16 jets

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3170 - 90	15,000 20-40 sand
	15,000 gal water

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 - pipeline

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8/8/69	24	3/4	→	0	1533	none	-

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
		→	-	1533	none	none

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

TEST WITNESSED BY: Ellsaesser

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 Operator DATE 10/7/69

*(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 which 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.)

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