

Form approved.
Budget Bureau No. 42-~~R~~355.5.

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																																																																																																								
El Paso Natural Gas Company																																																																																																								
3. ADDRESS OF OPERATOR																																																																																																								
Box 930, Farmington, New Mexico																																																																																																								
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*																																																																																																								
At surface 930' S, 845' W																																																																																																								
At top prod. interval reported below																																																																																																								
At total depth																																																																																																								
14. PERMIT NO.					DATE ISSUED																																																																																																			
					SEP 2 1969																																																																																																			
15. DATE SPUDDED					16. DATE T.D. REACHED					17. DATE COMPL. (Ready to prod.)					18. ELEVATIONS (DF, REB, RT, GR, ETC.)*					19. ELEV. CASINGHEAD																																																																																				
6-22-69					6-25-69					3-21-69					6412' GL																																																																																									
20. TOTAL DEPTH, MD & TVD					21. PLUG, BACK T.D., MD & TVD					22. IF MULTIPLE COMPL., HOW MANY*					23. INTERVALS DRILLED BY					ROTARY TOOLS					CABLE TOOLS																																																																															
2281'					2281'										→					0-2281																																																																																				
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*															25. WAS DIRECTIONAL SURVEY MADE																																																																																									
2200-2278 (PC)															No																																																																																									
26. TYPE ELECTRIC AND OTHER LOGS RUN															27. WAS WELL CORRED																																																																																									
IES, FDC-GR, Temperature Survey															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"					24					129'					12 1/4"					85 lbs																																																																																				
2 1/8"					6.4					2281					6 1/4"					140 lbs.																																																																																				
29. LINER RECORD																																																																																																								
SIZE		TOP (MD)			BOTTOM (MD)			SACKS CEMENT*			SCREEN (MD)			30. TUBING RECORD																																																																																										
														Tubingless completion																																																																																										
31. PERFORATION RECORD (Interval, size and number)															32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																																																																																									
2200-10, 2222-21, 2273-78' w/2 SPT															<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10">DEPTH INTERVAL (MD)</td> <td colspan="5">AMOUNT AND KIND OF MATERIAL USED</td> </tr> <tr> <td colspan="10">2200-2278</td> <td colspan="5">30,440 gal. wt., 29,900# sand</td> </tr> <tr> <td colspan="10"></td> <td colspan="5"></td> </tr> <tr> <td colspan="10"></td> <td colspan="5"></td> </tr> <tr> <td colspan="10"></td> <td colspan="5"></td> </tr> </table>															DEPTH INTERVAL (MD)										AMOUNT AND KIND OF MATERIAL USED					2200-2278										30,440 gal. wt., 29,900# sand																																																	
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2200-2278										30,440 gal. wt., 29,900# 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																																																																																				
8-21-69		3			3/4"			→																																																																																																
FLOW, TUBING PRESS.		CASING PRESSURE			CALCULATED 24-HOUR RATE			OIL—BBL.			GAS—MCF.			WATER—BBL.			OIL GRAVITY-API (CORR.)																																																																																							
		81 600			→						323 MCF/D-AGE																																																																																													
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)																																																																																																								
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 Original Signed F. H. WOOD															U. S. GEOLOGICAL SURVEY																																																																																									
TITLE Petroleum Engineer															DURANGO, COLO.																																																																																									
															DATE August 27, 1969																																																																																									

***(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.), 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	TRUE VERT. DEPTH
				Pictured Cliffs	2200	