

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions 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 El Paso Natural Gas Company															
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico - 87401															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1050'S, 1840'E At top prod. interval reported below At total depth															
14. PERMIT NO.				DATE ISSUED											
15. DATE SPUDDED 9-8-69		16. DATE T.D. REACHED 10-16-69		17. DATE COMPL. (Ready to prod.) 11-25-69		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6338' GL									
20. TOTAL DEPTH, MD & TVD 3598'		21. PLUG, BACK T.D., MD & TVD 3588'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-3598'									
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3420 - 3526' (Chacra)							25. WAS DIRECTIONAL SURVEY MADE No								
26. TYPE ELECTRIC AND OTHER LOGS RUN I-EL, DLC/GR, Temp. Survey							27. WAS WELL CORED No								
28. CASING RECORD (Report all strings set in well)															
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
8 5/8"		24#		140'		12 1/4"		105 Skn.							
2 7/8"		5.4#		3598'		6 3/4"		270 Skn.							
29. LINER RECORD								30. TUBING RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
										Tubingless Completion					
31. PERFORATION RECORD (Interval, size and number) 3420-32, 3514-26 w/36 SPZ								32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
								DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED					
								3420-3526		28,060 gal. water, 32,000# 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	
11-25-69		3 Hrs.		3/4"		→									
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
		SI 842		→				1541 MCF/D A.O.F.							
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)												TEST WITNESSED BY Don Norton			
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 Charles E. H. WOOD				TITLE Petroleum Engineer				DATE 12-3-69							

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

NH OCC

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.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
				Pictured Cliffs	2508	
				Clacra	3403	

38.

GEOLOGIC MARKERS