

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See General 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 _____		5. LEASE DESIGNATION AND SERIAL NO. SF 079160	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME Rincon Unit	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico 87401		8. FARM OR LEASE NAME Rincon Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1190'N, 790'W At top prod. interval reported below At total depth		9. WELL NO. 139	
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 12, T-26-N, R-7-W N.M.P.M.		10. FIELD AND POOL, OR WILDCAT Chacra Undesignated P.C.	
12. COUNTY OR PARISH Rio Arriba		13. STATE New Mexico	
15. DATE SPUDDED 10-13-69		16. DATE T.D. REACHED 2-13-70	
17. DATE COMPL. (Ready to prod.) 3-4-70		18. ELEVATIONS (DF, RES, RT, OR, ETC.)* 6440' GL	
20. TOTAL DEPTH, MD & TVD 3761'		21. PLUG, BACK T.D., MD & TVD 3744'	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS 0-3761'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* DESX 3594-3686' (Chacra)		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, FDC/GR, Temp. Survey		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
9 5/8"	24.5	137'	12 1/4"
2 7/8"	6.4	3761'	6 3/4"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SCREEN (MD)
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
Tubingless Completion			
31. PERFORATION RECORD (Interval, size and number) 3594-3606', 3674-86' w/2 DESX SPF			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3594-3636		26,280 gal. water, 25,000# sand	
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
DATE OF TEST 3-4-70	HOURS TESTED 3	CHOKE SIZE 3/4"	PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE SI 1015	CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL.	OIL GRAVITY-API (CORR.) 1069 MCF/D - A.O.F.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			TEST WITNESSED BY D. R. Roberts
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records. Original Signed F. H. WOOD SIGNED _____ TITLE Petroleum Engineer DATE 3-12-70			

*(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 33.

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.

Item 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; CORRELATE 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.
Formation 1	Top 1	Bottom 1	Description 1
Formation 2	Top 2	Bottom 2	Description 2
Formation 3	Top 3	Bottom 3	Description 3
Formation 4	Top 4	Bottom 4	Description 4
Formation 5	Top 5	Bottom 5	Description 5
Formation 6	Top 6	Bottom 6	Description 6
Formation 7	Top 7	Bottom 7	Description 7
Formation 8	Top 8	Bottom 8	Description 8
Formation 9	Top 9	Bottom 9	Description 9
Formation 10	Top 10	Bottom 10	Description 10
Formation 11	Top 11	Bottom 11	Description 11
Formation 12	Top 12	Bottom 12	Description 12
Formation 13	Top 13	Bottom 13	Description 13
Formation 14	Top 14	Bottom 14	Description 14
Formation 15	Top 15	Bottom 15	Description 15
Formation 16	Top 16	Bottom 16	Description 16
Formation 17	Top 17	Bottom 17	Description 17
Formation 18	Top 18	Bottom 18	Description 18
Formation 19	Top 19	Bottom 19	Description 19
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Formation 49	Top 49	Bottom 49	Description 49
Formation 50	Top 50	Bottom 50	Description 50

38. GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUEV. DEPTH
Pictured Cliffs	2697.0		
Chacra	3590.0		
Formation 1			
Formation 2			
Formation 3			
Formation 4			
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