

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

(See other instructions on reverse side)

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 079266	
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	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401				8. FARM OR LEASE NAME Vaughn	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1840'S, 885'W At top prod. interval reported below At total depth				9. WELL NO. 16	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Otero Chacra <i>et</i>	
15. DATE SPUDDED 9-20-71				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 28, T-26-N, R-6-W NMPM	
16. DATE T.D. REACHED 10-1-71				12. COUNTY OR PARISH Rio Arriba	
17. DATE COMPL. (Ready to prod.) 10-28-71				13. STATE New Mexico	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6405'GL				19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 3617		21. PLUG, BACK T.D., MD & TVD 3607		22. IF MULTIPLE COMPL., HOW MANY* 3-3617'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3474-3578' (Chacra)				25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, FDC-GR, Temperature 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	AMOUNT PULLED	
8 5/8"	24#	137'	12 1/4"	90 sks.	
2 7/8"	6.4#	3617'	6 3/4"	310 sks.	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
Tubingless Completion					
31. PERFORATION RECORD (Interval, size and number) 3474-90', 3570-78' with 32 shots per zone.				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
				DEPTH INTERVAL (MD)	
				3474-3578'	
				AMOUNT AND KIND OF MATERIAL USED	
				30,000#sand, 24,450 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
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
10-28-71	3 hours	3/4"	→		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
---	SI 552	→		385 MCF/D-AOF	
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

SIGNED

TITLE Petroleum Engineer

DATE November 9, 1971

*(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 25.

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 16: 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: "Sacka 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	
		TOP	BOTTOM					NAME	MEAS. DEPTH
									TRUE VERT. DEPTH
								Pictured Cliffs	2624
								Chacara	3468

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BUREAU OF LAND MANAGEMENT