

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____		7. UNIT AGREEMENT NAME Canyon Largo Unit	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____		8. FARM OR LEASE NAME Canyon Largo Unit	
2. NAME OF OPERATOR El Paso Natural Gas Company		9. WELL NO. 200	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1730'N, 890'W At top prod. interval reported below At total depth		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 35, T-25-N, R-7-W NMPM	
14. PERMIT NO. _____ DATE ISSUED _____		12. COUNTY OR PARISH Rio Arriba NM	
15. DATE SPUDDED 8-3-73		16. DATE T.D. REACHED 8-14-73	
17. DATE COMPL. (Ready to prod.) 10-15-73		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6862'GL	
19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 2614'		21. PLUG, BACK T.D., MD & TVD 2603'	
22. IF MULTIPLE COMPL., HOW MANY* →		23. INTERVALS DRILLED BY →	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2522-76' (Pictured Cliffs)		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
8 5/8"	24.0#	135'	12 1/4"
2 7/8"	6.4#	2614'	7 7/8" & 6 3/4"
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
	tubingless		
31. PERFORATION RECORD (Interval, size and number) 2522-46' and 2560-76' with 26 shots per zone.			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
2522-2576'		40,000# sand; 40,000 gal water.	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing	
DATE OF TEST 10-15-73		HOURS TESTED 3	
CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD →	
OIL—BBL.		GAS—MCF.	
FLOW. TUBING PRESS. tubingless		CASING PRESSURE SI 319	
CALCULATED 24-HOUR RATE →		OIL—BBL.	
GAS—MCF.		WATER—BBL.	
1742 AOF		OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY R. Hardy			
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 Drilling Clerk

DATE October 23, 1973

*** (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 23 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: "Nacks 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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Cliffs	2520'	