

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

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 780, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface 1190 from the North and 850 from the East

At top prod. interval reported below Same

At total depth

Same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 7-15-75 16. DATE T.D. REACHED 7-23-75 17. DATE COMPL. (Ready to prod.) 8-13-75 18. ELEVATIONS (DF, RES, RT, GR, ETC.)* 6667 Gr. 19. ELEV. CASINGHEAD 6667

20. TOTAL DEPTH, MD & TVD 3989 21. PLUG, BACK T.D., MD & TVD 3989 22. IF MULTIPLE COMPL., HOW MANY* (2) 23. INTERVALS DRILLED BY 0-3989

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

2966 to 3038

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

ES Induction Density

27. WAS WELL CORRED

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#	138	12 1/4"	100 sacks	None
4 1/2"	10.5#	3989	6 3/4"	480 sacks	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1"	2937	3837

31. PERFORATION RECORD (Interval, size and number)

2966-2986 40 holes .41 dia

3018-3038 40 holes .41 dia

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2966 to 3038	60,000# 20-40 mesh sand and 1380 bbls. water

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
8-26-75		Flowing				Shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-26-75	3	3/4"	→		63		
FLOW. TUBING PRESS.	CASINO PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
24	416	→		510			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

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. Vergara

TITLE

Superintendent

DATE

9-3-75

*(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: "Stuck 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).

4 1/2" 10.5# casing cemented thru shoe with 480 sacks. Cement circulated to surface.

37. SUMMARY OF POROUS ZONES:

SECTION 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	TRUE VERT. DEPTH
Alamo	2362	2465	Water Sand	Alamo	2362	2362
Pictured Cliffs	2962	3045	Gas Sand	Pictured Cliffs	2962	2962
Chacara	3845	3952	Gas Sand	Chacara	3845	3845
Deviation Test (Degrees)	1/4					
138	1/2					
649	1/2					
1177	1/2					
1670	1/2					
2020	1/2					
2485	3/4					
3132	3/4					
3516	3/4					