

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-B355.5.

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 <u>Conoco Inc.</u>						5. LEASE DESIGNATION AND SERIAL NO. <u>CONTRACT No. 151</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 460, Hobbs N.M. 88240</u>						6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Jicarilla Apache</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>1090' FSL & 1750' FEL</u> At top prod. interval reported below <u>SAME</u> At total depth <u>SAME</u>						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUDDED <u>5-19-79</u>						16. DATE T.D. REACHED <u>5-30-79</u>	
17. DATE COMPL. (Ready to prod.) <u>7-13-79</u>						18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <u>6951' GR</u>	
20. TOTAL DEPTH, MD & TVD <u>6100'</u>		21. PLUG, BACK T.D., MD & TVD <u>5800'</u>		22. IF MULTIPLE COMPL., HOW MANY* <u>—</u>		23. INTERVALS DRILLED BY <u>—</u>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>5243-5726 MESA VERDE</u>						25. WAS DIRECTIONAL SURVEY MADE <u>Yes</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>GR-CAL-FDC</u>						27. WAS WELL CORED <u>No</u>	

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>9 5/8"</u>	<u>36 #</u>	<u>255' KB</u>	<u>13 3/4"</u>	<u>135 SX. Class "B"</u>	<u>—</u>
<u>7"</u>	<u>23 #</u>	<u>3900' KB</u>	<u>8 7/8"</u>	<u>275 SX. Class "B" & Lt. WT.</u>	<u>—</u>

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
<u>4 1/2"</u>	<u>3826'</u>	<u>6097' KB</u>	<u>310 SX.</u>	<u>—</u>	<u>2 3/8</u>	<u>5686'</u>	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
<u>5106, 08, 10, 22, 24, 26 w/15SPF</u> <u>5243, 45, 47, 70-72, 74, 76, 78, 80, 82, 84, 5310, 12, 14, 16, 18,</u> <u>20 w/15SPF</u>		<u>5706-5726</u> <u>5243-5320</u>	
		<u>650 gals 7 1/2% HCl-N₂ mud, 20,550 gals fluid</u> <u>27750 #20/40 sd</u> <u>1428 gals 7 1/2% HCl-N₂, 50247 gals fluid</u> <u>110500 #20/40 sd</u>	

33. PRODUCTION							
DATE FIRST PRODUCTION <u>7-26-79</u>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <u>Flowing</u>				WELL STATUS (Producing or shut-in) <u>Shut-in conn.</u>	
DATE OF TEST <u>7-26-79</u>	HOURS TESTED <u>3</u>	CHOKE SIZE <u>3/4"</u>	PROD'N. FOR TEST PERIOD <u>—</u>	OIL—BBL. <u>—</u>	GAS—MCF. <u>1530</u>	WATER—BBL. <u>—</u>	GAS-OIL RATIO <u>—</u>
FLOW. TUBING PRESS. <u>48</u>	CASING PRESSURE <u>429</u>	CALCULATED 24-HOUR RATE <u>—</u>	OIL—BBL. <u>—</u>	GAS—MCF. <u>1530</u>	WATER—BBL. <u>—</u>	OIL GRAVITY-API (CORR.) <u>—</u>	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <u>vented</u>	TEST WITNESSED BY <u>BE Anderson</u>
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35. LIST OF ATTACHMENTS <u>Back Pressure Test Results</u>	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED <u>Sam H. Lee</u>	TITLE <u>Admin. Supv</u>
DATE <u>AUG 17, 1979</u>	

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lines 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.

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.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
SS. + Sh.	0	TD		Cliff House	5240	
				Pt. Lookout	5490	
				Mancos	5814	