Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved. Budget Bureau No. 42-R355.5

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM 012833

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Grevey

9. WELL NO.: 4 ~~Y~~

10. FIELD AND POOL, OR WILDCAT: Puerto Chiquito East

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec 26, T26 N, R1E

12. COUNTY OR PARISH: Rio Arriba

13. STATE: N.M

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

2. NAME OF OPERATOR: HAN - SANSD INC.

3. ADDRESS OF OPERATOR: P.O. Box 349 Deming, New Mexico 88030

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface ~~660~~, FWL ~~710~~ FSL Sect 26N R1E
At top prod. interval reported below ~~1650~~
At total depth ~~1652~~

RECEIVED
MAY 27 1982
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

RECEIVED
MAY 28 1982
OIL CON. DIV.
DIST. 3

14. PERMIT NO.: — DATE ISSUED: Sept..14 81

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
5-14 -82	5-18-82	5-23-82 k	7691 GR	7693

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
1800	1800	one only	→	Air to TD	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
~~XXXXX~~ One Zone 1623 Ft. to ~~1652~~ 1800 Tocito

25. WAS DIRECTIONAL SURVEY MADE: Yes, Total dev 1.3 degrees

26. TYPE ELECTRIC AND OTHER LOGS RUN: None k

27. WAS WELL CORED: 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	23#	100 Ft.	12 1/4	110 Skx Circ. Class A	~~100 ft~~.
5 1/2	14#	1623	7 7/8	110 Sx Class H 2% Gel, 10% Salt	25 BBL - SLURRY

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
None				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	1640	

31. PERFORATION RECORD (Interval, size and number)
Open Hole below Casing
1623 - 1800

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
None	

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
5-23-82	Pumping 1 1/4 pump - 27" STROKE	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
5/23 to 5/24	24	Full		78	-0-	0	0 N/A

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
None			78	-0-	-0-	34° est.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): None

TEST WITNESSED BY:

35. LIST OF ATTACHMENTS

ACCEPTED FOR RECORD

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED W. K. Hand TITLE Pres. DATE 5-27-82

MAY 27 1982

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

FARMINGTON, NEW MEXICO

BY Elliott

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: *"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.
Sand Stringer Mmancos Tocito	530 est ~~1650~~ 1632 est	535 est ~~1652~~ 1800 est	Small Amt Of Water ~~ds~~ Fracture (Air drilling started blowing off to surface)

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Top Mancos	165'	
Top Gallup	1380'	
Top Tocito	1632'	

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