

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.

5. LEASE DESIGNATION AND SERIAL NO.

NM-13381

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bench

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC. T. R. M., OR BLOCK AND SURVEY OR AREA

Sec. 34, T25N, R13W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

K M Production Company

3. ADDRESS OF OPERATOR

P.O. Box 2406 Farmington, NM 87401

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

At surface 790 FNL & 1730 FEL

At top prod. interval reported below same

At total depth same

14. PERMIT NO. DATE ISSUED
FARMINGTON, N. M.

15. DATE SPUDDED 3-30-81 16. DATE T.D. REACHED 4-3-81 17. DATE COMPL (Ready to prod.) 4-23-81 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6267 GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 1185 21. PLUG, BACK T.D., MD & TVD 1087 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 10-TD 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Pictured Cliffs 951-1061

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Induction Electric Log- Density and Neutron Borehole Compensated

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
7 5/8"	26.4	87'	9 7/8"	35 sx Class B	
5 1/2"	14.0	905'	6 3/4"	125 sx Class B w/ 2% CaCl	
2 7/8"	6.5	1162'	4 3/4"	200 sx Class B	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

951-954'
957-959' 12' - 24 holes
962-967'
1059-1061'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
951-1061	500 gal 15% HCL acid

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Plug and abandon				P & A	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
			—————→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		—————→					

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

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

Kevin H. McLeod

TITLE Managing Agent

JUN 18 1981
DATE 6-15-81
FARMINGTON DISTRICT

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

NMOCC

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.

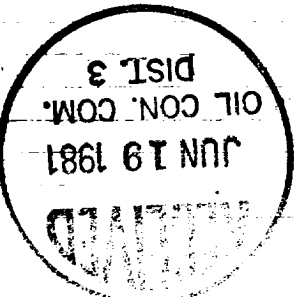
Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate 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: CORRO 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
						MEAS. DEPTH TRUE VERT. DEPTH
Ojo Alamo	surface					
Pic. Cliffs	984'		water			
						

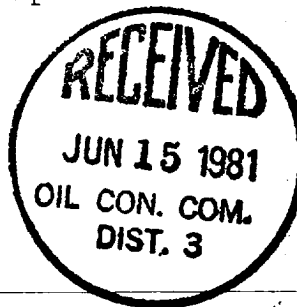
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6267 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The Pictured Cliffs interval in this well tested water and is therefore a dry hole. Propose to plug and abandon this well by fill 2 7/8" casing with 35 sacks of class B cement. The surface will be rehabilitated per NIIP specifications. ~~A 2' surface identifying marker (per NIIP specifications) will be erected.~~ It is anticipated this work will be completed by August 31, 1981.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Managing Agent DATE May 19, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

NMOCC

***See Instructions on Reverse Side**

APPROVED

JUN 11 1981
E.A. Schmidt
FOR JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR

FEDERAL SURFACE

Attachment to Notice of
Intention to Abandon

U. S. GEOLOGICAL SURVEY
P. O. Box 959
Farmington, New Mexico 87401

June 11, 1981

Re: Permanent Abandonment

Well: #1 Bench

CONDITIONS OF APPROVAL

1. Plugging operations authorized are subject to the attached "General Requirements for Permanent Abandonment of Wells on Federal Lands".
2. The Farmington office (telephone (505) 325-4572) is to be notified in sufficient time for a representative to witness all plugging operations.
3. Blowout prevention equipment is required.
4. In addition to normal filling of pits and cleanup of location, additional surface restoration work may be required, i.e. ripping of pad and/or access road, reseeding, etc. We have asked the Bureau of Land Management for the surface restoration requirements for this well and we should be able to furnish you these requirements within 30 days. After plugging the well and before making final clean-up, you should contact this office unless you have already been advised as to what additional surface restoration work is required.
5. The surface management agency is to be notified when surface rehabilitation is complete.
6. The following modifications to your plugging program are to be made (when applicable):

a) Cut casing 3 feet below surface and do not
install surface identifying marker.

Office Hours: 8:00 A.M. to 5:00 P.M.
Farmington Personnel to be notified:

Home Telephones:

Ray Swanson: Petroleum Engineering Technician - 325-8189
Fred Edwards: Petroleum Engineering Technician - 325-7885
Ken Baker: Petroleum Engineering Technician - 327-2170

