

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 *

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											
El Paso Natural Gas Company											
3. ADDRESS OF OPERATOR											
Box 990, Farmington, New Mexico											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*											
At surface 890'S, 1800'E											
At top prod. interval reported below											
At total depth											
14. PERMIT NO.						DATE ISSUED					
						NOV 15 1963					
15. DATE SPUDDED						18. ELEVATIONS (DF, REB, RT, GR, ETC.)*					
10-4-63						6548' OL, 6558' DF					
16. DATE T.D. REACHED						19. ELEV. CASINGHEAD					
10-9-63											
17. DATE COMPL. (Ready to prod.)											
10-16-63											
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			
3352							0 - 3352				
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*								25. WAS DIRECTIONAL SURVEY MADE			
3219 - 3235 - Pictured Cliffs								Yes			
26. TYPE ELECTRIC AND OTHER LOGS RUN								27. WAS WELL CORDED			
Elec. Log, Radioactivity Log, Temperature Survey								No			
28. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD			
8 5/8		24#		134		12 1/4		110 Sks. Circulated			
2 7/8"		6.4#		3352		6 1/4"		210 Sks. Single			
29. LINER RECORD											
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)			
30. TUBING RECORD											
SIZE		DEPTH SET (MD)		PACKER SET (MD)		Tubingless Completion					
31. PERFORATION RECORD (Interval, size and number)											
3219 - 35 - 2" Governor & 2 SPF											
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.											
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED								
3219-35			31,145 gal. water								
			30,000# 10/20 sand								
33. PRODUCTION											
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)				
							Start In				
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-4-63		3		3/4							
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		816C 1051						ACF 2751 MCF/D			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)										TEST WITNESSED BY	
										H. E. McNally	
35. LIST OF ATTACHMENTS											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
OR G NAL SIGNED E. S. OBERLY											
SIGNED				TITLE				DATE			
				Petroleum Engineer				11-8-63			

*(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 28, 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 3b.

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			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
0 Jo Alamo Kirtland Fruitland Pictured Cliffs Lewis	0 2450 2728 2974 3223 3271	2450 2728 2974 3223 3271 3352			