

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

0 & 1 LONG, 1/2 S, DURANGO, COLO.
2 cc: OK-CCC, ALBANY, I.Y.
1 cc: J. H. HICKS, 1 cc: FILE
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 ☐		5. LEASE DESIGNATION AND SERIAL NO. Hicarilla Tribal 25	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1050' West of East line and 990' North of South line sec. 26, T27N, R3W At top prod. interval reported below At total depth		10. FIELD AND POOL, OR WILDCAT	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUNDED		16. DATE T.D. REACHED	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD	
21. PLUG, BACK T.D. MD & TVD		22. IF MULTIPLE COMPLEMENTS, HOW MANY*	
23. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* PICTURED CLIFFS 3943'-4010'		24. WAS DIRECTIONAL SURVEY MADE	
25. TYPE ELECTRIC AND OTHER LOGS RUN		26. WAS WELL CORED	
27. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7"	23#	262'	9"
3 1/2"	9.3#	4125'	6 1/4"
CEMENTING RECORD			
75 Sacks			
50 Sacks			
AMOUNT PULLED			
None			
None			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
3 1/2"			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
1 1/2"	4043'		
31. PERFORATION RECORD (Interval, size and number)			
3943'-60' 1 shot per foot			
4012'-40'			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3943'-60', 4012'-40'		40' Free W/37,500 gal gelled water, 35,000# 20/40 sand.	
33. PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
DATE OF TEST		HOURS TESTED	
CHOKE SIZE		PROD'N. FOR TEST PERIOD	
OIL—BBL.		GAS—MCF.	
WATER—BBL.		OIL GRAVITY API (CORR.)	
FLOWING TEST PRESS.		CASING PRESSURE	
CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		WATER—BBL.	
OIL GRAVITY API (CORR.)		GAS GRAVITY API (CORR.)	
34. COMPOSITION OF GAS (CO ₂ , H ₂ S, fuel, vented, etc.)		NONE	
1281 (CAOF)		NONE	
35. ATTACHMENTS		J. PARKY NATURAL GAS CO.	

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

Original Signed By

SIGNED John Hamlin

TITLE SUPERVISOR GENERAL ACCOUNTING DATE 5-6-69

JOHN HAMLIN

(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.

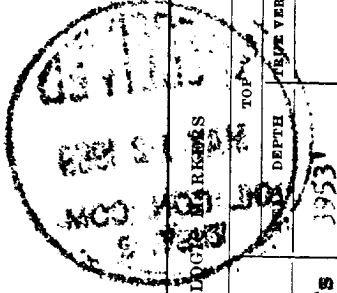
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

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: "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.	GEOLOGICAL FEATURES	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	DEPTH	FEET VERT. DEPTH
				Pictured Cliffs		