

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-13355-5.

5. LEASE DESIGNATION AND SERIAL NO.

SF 079394

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

PO Box 990, Farmington, NM 87401

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

At surface

1750'S, 1025'E

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

7. UNIT AGREEMENT NAME

San Juan 27-5 Unit

8. FARM OR LEASE NAME

San Juan 27-5 Unit

9. WELL NO.

154

10. FIELD AND POOL, OR WILDCAT

Tapacito Pictured Cliffs

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

Sec. 21, T-27-N, R-5-W
NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

15. DATE SPUDDED

5-20-73

16. DATE T.D. REACHED

6-1-73

17. DATE COMPL. (Ready to prod.)

7-17-73

18. ELEVATIONS (DT, FSE, RT, GR, ETC.)*

6484'GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

3398'

21. PLUG, BACK T.D., MD & TVD

3387'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-3398'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

3268-84'(Pictured Cliffs)

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

IEL; CDL-GR; Temp. Survey

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"	24.0#	131'	12 1/4"	107 cu. ft.	
2 7/8"	6.4#	3398'	6 3/4"	240 cu. ft.	

29. LINER RECORD

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

31. PERFORATION RECORD (Interval, size and number)

3268-84' with 30 shots per zone.

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3268-84'	22,000#sand; 23,650 gal. water

33.* PRODUCTION METHOD (Flowing or pumping—size and type of pump)

flowing

WELL STATUS (Producing or shut-in)

shut in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7-17-73	3	3/4"					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
tubingless	SI 679			961 AOF			

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

TEST WITNESSED BY

C. Rhames

35. LIST OF ATTACHMENTS

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

SIGNED

A. G. Jones

TITLE

Drilling Clerk

DATE

July 23, 1973

*(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 a local government (city, county, or State) having jurisdiction over the well. The use of this form and the number of copies to be submitted is indicated in the instructions for each type of well. The instructions for each type of well are shown below or will be issued by, or may be obtained from, the local Federal office or State agency. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not used 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 37.

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 PERIODS ZONES:				38. GEOLOGIC MARKERS		
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				NAME	TOP	
FORMATION	TOP	BOTTOM	MEAS. DEPTH		TRUE VERT. DEPTH	
				Pictured Cliffs	3272'	