

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 _____				5. LEASE DESIGNATION AND SERIAL NO. SF 080213	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME /	
2. NAME OF OPERATOR El Paso Natural Gas Company				7. UNIT AGREEMENT NAME Rincon Unit	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico 87401				8. FARM OR LEASE NAME Rincon Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1651'S, 1500'W At top prod. interval reported below At total depth				9. WELL NO. 200	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Undes Chacra	
15. DATE SPUNDED 11-21-73				11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA Sec. 33, T-27-N, R-7-W	
16. DATE T.D. REACHED 12-14-73				12. COUNTY OR PARISH Rio Arriba	
17. DATE COMPL. (Ready to prod.) 4-16-74				13. STATE New Mexico	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6750' GL				19. ELEV. CASING HEAD _____	
20. TOTAL DEPTH, MD & TVD 4164'		21. PLUG, BACK T.D., MD & TVD 4154'		23. INTERVALS ROTARY TOOLS _____ CABLE TOOLS _____	
22. IF MULTIPLE COMPL., HOW MANY* _____				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3956-70 (Chacra)	
25. TYPE ELECTRIC AND OTHER LOGS RUN IES, FDC-GR, Temperature Survey				26. WAS DIRECTIONAL SURVEY MADE NO	
27. WAS WELL CORED NO				28. CASING RECORD (Report all strings set in well)	
Casing Size		Weight, lb./ft.		Depth Set (MD)	
8 5/8"		24#		123' GL	
2 7/8"		6.4#		4154'	
Hole Size		Cementing Record		Amount Pulled	
12 1/4"		112 cu. ft.			
7 7/8"-6 3/4"		853 cu. ft.			
29. LINER RECORD				30. TUBING RECORD	
Size	Top (MD)	Bottom (MD)	Sacks Cement*	Screen (MD)	Size
				Tubingless Completion	
31. PERFORATION RECORD (Interval, size and number) 3956-3970' with 14 shots per zone.				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Depth Interval (MD)				Amount and Kind of Material Used	
3956-70'				20,000#sand, 21,500 gallons water	
33. PRODUCTION					
Date First Production		Production Method (Flowing, gas lift, 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.
4-16-74	3	3/4"	→		
Flow. Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil—BBL.	Gas—MCF.	Water—BBL.
	SI 1001	→		844 MCF/D AOE	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					Test Witnessed By Roger Hardy
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. D. Busco		Title Drilling Clerk		Date 4-22-74	

*(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, where applicable. The form is to be used for all well completion reports and logs submitted to the Bureau of Land Management, U.S. Department of the Interior, and to the State agencies. 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 office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

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.), formations 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 or Federal 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.

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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	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Cliffs Chacra	2977' 3883'	