

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions 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 <u>RECEIVE</u>		
2. NAME OF OPERATOR		EL PASO NATURAL GAS CO.							
3. ADDRESS OF OPERATOR		BOX 289, FARMINGTON, NEW MEXICO							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)		At surface 1750'N, 1180'E At top prod. interval reported below At total depth							
14. PERMIT NO.		DATE ISSUED							
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASING HEAD	
8/3/78		8/14/78		11/6/78		6480' GL			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS	
7631'		7623'				0-7631'		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		7378-7565- (DAK)					25. WAS DIRECTIONAL SURVEY MADE		
26. TYPE ELECTRIC AND OTHER LOGS RUN		CDL-GR; Ind.- GR; Temp. Survey					27. WAS WELL CORED		
28. CASING RECORD (Report all strings set in well)							No		
Casing Size		Weight, lb./ft.		Depth Set (MD)		Hole Size		Cementing Record	
9 5/8"		36#		214'		13 3/4"		224 cf.	
7"		20#		3436'		8 3/4"		228 cf.	
4 1/2"		10.5#		7631'		6 1/4"		646 cf.	
29. LINER RECORD							30. TUBING RECORD		
Size		Top (MD)		Bottom (MD)		Sacks Cement*		Screen (MD)	
31. PERFORATION RECORD (Interval, size and number)		7378, 7390, 7393, 7400, 7459, 7490, 7494, 7498, 7505, 7532, 7540, 7553, 7559, 7565 with 1 SPZ.					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
							33.* PRODUCTION		
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)		
		After Frac Gauge - 1943 MCF/D					SI		
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.	
11/6/78								GAS—MCF	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.	
SI 592		SI 2495						WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)							OIL GRAVITY-API (CORR.)		
35. LIST OF ATTACHMENTS							TEST WITNESSED BY		
							OIL CON. COM. DIST. 3		
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							DATE 11/28/78		
SIGNED <u>A. D. Buico</u>		TITLE <u>Drilling Clerk</u>					DATE <u>11/28/78</u>		

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

54.

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. GEOLOGIC MARKERS		
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Chacra MV PL Gallup GH Graneros Dak.	4102 4783 5366 6125 7275 7334 7455	