

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 _____

2. NAME OF OPERATOR
Northwest Pipeline Corporation

3. ADDRESS OF OPERATOR
P.O. Box 90 Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 910' FNL and 790' FWL
At top prod. interval reported below As Above
At total depth As Above

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED 9-6-75 16. DATE T.D. REACHED 10-2-75 17. DATE COMPL. (Ready to prod.) 11-18-75 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7153' GR 7153'

20. TOTAL DEPTH, MD & TVD 4150' 21. PLUG, BACK T.D., MD & TVD 4115' 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS A11 CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
3952' to 3976', 3990' to 3998', 4016' to 4024' Pictured Cliffs DEC

25. WAS DIRECTIONAL SURVEY MADE No

27. WAS WELL CORED No

28. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray Density & GR Induction Logs

CASING RECORD (Report all strings set in well)				CEMENTING RECORD		AMOUNT PULLED
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE			
8 5/8"	24	115'	12 1/4"	90 SXS.		----
2 7/8"	6.4	4123'	6 3/4"	160 SXS.		----

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					Tubingless Completion		

31. PERFORATION RECORD (Interval, size and number)
3952'-3976', 3990'-3998', 4016'-4024' w/24,
0.30" holes per zone

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		AMOUNT AND KIND OF MATERIAL USED
DEPTH INTERVAL (MD)		
3952'-3976'		250 gal. 15% HCl. Fractured
3990'-3998'		w/30,000 gal. treated water
4016'-4024'		and 25,000# 10/20 sand.

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 11-26-75 HOURS TESTED 3 CHOKE SIZE 3/4 PROD'N. FOR TEST PERIOD _____ OIL—BBL. _____ GAS—MCF. 1551 WATER—BBL. _____ GAS-OIL RATIO _____

FLOW. TUBING PRESS. _____ CASING PRESSURE 131 PSIG CALCULATED 24-HOUR RATE _____ OIL—BBL. _____ GAS—MCF. AOF 1591 WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Waiting on Pipeline Connection

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 D.H. Maroncelli
D.H. Maroncelli

TITLE _____

Production Engineer

DATE

12-2-75

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs 3949'			SS. Lt. gry, fine to medium grained, S&P, WS & R, SL. Calc.	Ojo Alamo	3423'	Same
				Kirtland	3618'	"
				Fruitland	3773'	"
				Pictured Cliffs	3949'	"
				T.D.	4150'	"