

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL ☐ GAS ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other Commingle

2. NAME OF OPERATOR

Caulkins Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 780 Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 950 from the North and 1800 from the West

At top prod. interval reported below same

At total depth same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
7-14-76	7-21-76	3-20-78	6554 GR	6554

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
3700	3690		→	0-3700	25. WAS DIRECTIONAL

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

2672to 3650

26. TYPE ELECTRIC AND OTHER LOGS RUN

Induction Electric and Density Log

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 ¹¹ / ₁₆	135'	12 1/4"	150 sacks	none
4 1/2"	10.5 ¹¹ / ₁₆	3690	7 7/8"	500 sacks	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1"	3533'	

31. PERFORATION RECORD (*Interval, size and number*)

No Change

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

[illegible]

33. •

PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

4-7-78

Flowing

WELL STATUS (Producing or shut-in)

Producing

DATE OF TEST 4-8-78	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF. 262	WATER—BBL.	OIL GRAVITY-API (CORR.) 1.0175	

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

Sold to Gas Company of New Mexico

35. LIST OF ATTACHMENTS

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

SIGNED

TITLE

Superintendent

DATE _____

DATE: 04-28-78

***(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.)

4 1/2" 10.5# casing cemented at 3690' with 325 sacks 65-35-12 Gel cement followed by 175 sacks neat. Cement circulated to surface.

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
Alamo	2020	2102	Water sand			
Pictured Cliffs	2670	2710	Gas sand			
Chacra	3558	3650	Gas sand			
Hole Deviation test (degrees)						
	135	1/4				
	700	1/2				
	1036	3/4				
	1547	3/4				
	1820	3/4				
	2380	1 1/4				
	2835	1 1/4				
	3243	1 1/2				
	3509	1 1/2				
	3700	1 1/2				