

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE:

(See other in-  
structions on  
reverse side)

FOR APPROVED  
OMB NO. 1004-0137  
Expires: December 31, 1991

RECEIVED

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other 94 JUL 22 AM 9:56

2. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. REMOV. ☒ Other 070 FARMINGTON, NM

3. NAME OF OPERATOR

Meridian Oil Inc

4. ADDRESS AND TELEPHONE NO.

PO Box 4289, Farmington, NM 87499 (505) 326-9700

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

At surface 790'FSL, 990'FEL

At top prod. interval reported below

At total depth

14. PERMIT NO. DHC-987 DATE ISSUED

15. DATE SPUDDED 7-2-76 16. DATE T.D. REACHED 7-15-76 17. DATE COMPL. (Ready to prod.) 5-6-94 18. ELEVATIONS (OF. RKB, RT, GR, ETC.)\* 7220 GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 6300 21. PLUG BACK T.D., MD & TVD 6278 22. IF MULTIPLE COMPL., HOW MANY\* 2 23. INTERVALS DRILLED BY X ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 25. WAS DIRECTIONAL SURVEY MADE

3851-3969 Pictured Cliffs

DHC w/Mesaverde

26. TYPE ELECTRIC AND OTHER LOGS 21'N

GR-CBL-CCL

27. WAS WELL CORRED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
8 5/8"	20#	337	12 1/4"	270 sx	
4 1/2"	10.30#	6300	7 7/8"	1600 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACERS SET (MD)
					2 3/8	3907	

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

3851-3969

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AUG - 4 1994  
OIL CON. DIV.  
DIST. 3

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3851-3969	174,000#20/40 sd 17,241 gal g

33. PRODUCTION

32.°							WELL STATUS (Producing or shut-in)	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						
		Flowing					SI	
DATE OF TEST		HOURS TESTED	CHOKED SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
5-6-94		3	3/4	→				
FLOW, TUBING PRESS.		CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)	
		SICP 700	→		375	20		

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

To be sold

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

None

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

SIGNED Regulatory Affairs

TITLE Regulatory Affairs

DATE 7-18-94

\*(See instructions and spaces for Additional Data on Reverse Side)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD

# 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.
Line	0	337	See Daily Drilling Report Summary
Sd & Lime & Anhy	337	1911	
Sand & Lime	1911	6300TD	

## 38.

## GEOLOGIC MARKERS

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Pictured Cliff	3862		
Lewis Shale	3981		
Mesa Verde	5665		
Mesa Fee	5746		
Point Lookout	6096		
Mancos Shale	6209		