

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 _____

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, N.M. 87401

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

At surface 1670' FNL & 800' FWL

At top prod. interval reported below Same as above

At total depth Same as above

API # 30-039-22500

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

15. DATE SPUDDED

1-3-81

16. DATE T.D. REACHED

1-17-81

17. DATE COMPL. (Ready to prod.)

3-26-81

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

7220' GR

20. TOTAL DEPTH, MD & TVD

6420'

21. PLUG, BACK T.D., MD & TVD

6400

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED

ROTARY TOOLS

CABLE TOOLS

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

MV 5796' - 6238'

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

IEL/GR CDF/SNP logs

27. WAS WELL CORED

NO

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8"	36#	204'	12-1/4"	180	5
7"	20#	4343'	8-3/4"	135	-
4-1/2"	10.5#	6391'	6-1/4"	230	-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
4 1/2	3999	6391	230		2-3/8"	6148'	

31. PERFORATION RECORD (Interval, size and number)

25 .37" holes from 5796' to 6238'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5796' - 6238'	1750 gal 7-1/2% HCl
	65,000 gal pad treated wtr w/
	80,000# 20/40 sand

33.*

PRODUCTION

DATE FIRST PRODUCTION

N/A

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

Flowing

WELL STATUS (Producing or shut-in)

Shut in

DATE OF TEST

3-26-81

HOURS TESTED

3 hrs

CHOKE SIZE

2" X .750"

PROD'N. FOR TEST PERIOD

→

OIL—BBL.

0

GAS—MCF.

CV 4193 MCFD

WATER—BBL.

0

GAS-OIL RATIO

0

FLOW. TUBING PRESS.

1162 psig

CASING PRESSURE

1162 psig

CALCULATED 24-HOUR RATE

→

OIL—BBL.

0

GAS—MCF.

AOF 7114 MCFD

WATER—BBL.

0

CIL GRAVITY-API (CORR.)

0

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

TEST WITNESSED BY

NOW WAITING ON PIPELINE CONNECTION

35. LIST OF ATTACHMENTS

ACCEPTED FOR RECORD

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

SIGNED

Donna J. Brace

TITLE Production Clerk

DATE APR 20 1981
4-8-81

FARMINGTON DISTRICT

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

BY

RB

NMOCC

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 33.

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.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Mesa Verde	6166'	TD		Ojo Alamo Kirtland Fruitland Pictured Cliffs Lewis Cliff House Menefee Point Lookout Total Depth	3470' 3675' 3855' 4030' 4155' 5736' 5990' 6166' 6420'		