

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 *

5. LEASE DESIGNATION AND SERIAL NO.

JICARILLA 287

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

JICARILLA

9. WELL NO.

85

10. FIELD AND POOL, OR WILDCAT

WILDCAT

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREASEC. 27, T27N, R1E
NPM12. COUNTY OR
PARISH

RIO ARriba

13. STATE

NEW MEXICO

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 **P & A**

2. NAME OF OPERATOR

S & B DRILLING COMPANY

3. ADDRESS OF OPERATOR

158 PETROLEUM CENTER, FARMINGTON, NEW MEXICO

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

At surface **1980' PNL, 785' FEL, SEC. 27 T27N, R1E**

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

16. DATE T.D. REACHED

9/5/64

17. DATE COMPL. (Ready to prod.)

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

6843 C.L.

19. ELEV. CASINGHEAD

6843

20. TOTAL DEPTH, MD & TVD

1820

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

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0 - 1820

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

NONE

25. WAS DIRECTIONAL
SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

INDUCTION - ELECTRICAL & GAMMA RAY

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
5-1/2"	15.5	612	6-3/4	40 SAK	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
		NONE				NONE	

31. PERFORATION RECORD (Interval, size and number)

NONE

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
NONE	

33.*

DATE FIRST PRODUCTION **NONE** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **NONE** **NOV 24 1965** **Producing or shut-in**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

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

TEST WITNESSED BY

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 *Fran Cooper* TITLE **DRPR.**DATE **10/30/65**

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