

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 J. Gregory Harrison, Robert L. Mayless, Atm. Inc.						APR 3 1974	
3. ADDRESS OF OPERATOR Box 1541, Farmington, New Mexico 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660 feet south and east lines of Section 7 24 11W At top prod. interval reported below At total depth							
14. PERMIT NO.						DATE ISSUED APR 3 1974	
15. DATE SPUNDED 2-2-74						16. DATE T.D. REACHED 2-12-74	
17. DATE COMPL. (Ready to prod.) 2-23-74						18. ELEVATIONS (DF, RKB, BT, GR, ETC.)* 6122 37	
19. ELEV. CASINGHEAD							
20. TOTAL DEPTH, MD & TVD 5284						21. PLUG, BACK T.D., MD & TVD 5284	
22. IF MULTIPLE COMPL., HOW MANY*						23. INTERVALS DRILLED BY all	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Gallup 5004 - 5255						25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN LOG						27. WAS WELL CORED NO	

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4	32.75	172	13 3/4	150 max	1080
7 5/8	26.40	4155	9 7/8	270 max	1373
5 1/2	15.5	8-1722			

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2	5215	

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
5004-10	6	1/2	5250-55 5 1/2	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	
5022-27	3	1/2		5250-75	1000 gals	15% acid
5110-15	3	1/2		7100-93	1000 gals	15% acid
5132-37	3	1/2		5110-37	1000 gals	15% acid
5100-93	3	1/2		5004-27	1000 gals	15% acid

33. PRODUCTION							
DATE FIRST PRODUCTION March 27		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or otherwise) Producing	
DATE OF TEST March 27	HOURS TESTED 24	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL. 10	GAS—MCF. 70	WATER—BBL. 1	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL. 10	GAS—MCF. 70	WATER—BBL. 1	OIL GRAVITY-API (CORR.) 39	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vent	TEST WITNESSED BY W. L. Ellemeyer
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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 W. L. Ellemeyer TITLE _____ DATE 4-1-74

*(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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	325	410	Shale	Ojo Alamo	325	325
Pictured Cliff	1398	1678	Shale and	Pictured Cliff	1398	1398
Wash Verde	2285	3915	Shale & shale	Wash Verde	2285	2285
Gallego	4984	5325	Shale w/sand stringers - oil and gas	Gallego	4984	4984