

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 SOUTHWEST UNION PRODUCTION COMPANY							
3. ADDRESS OF OPERATOR P. O. Box 808, Farmington, New Mexico 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1190 ft. from the North line & 1100 ft. from the West line. At top prod. interval reported below Same as above At total depth Same as above							
14. PERMIT NO.		DATE ISSUED		5. LEASE DESIGNATION AND SERIAL NO. 3F 078432			
15. DATE SPUDDED July 2, 1967		16. DATE T.D. REACHED July 21, 67		6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
17. DATE COMPL. (Ready to prod.) July 29, 1967		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6656 ft. R.K.B.		7. UNIT AGREEMENT NAME			
19. ELEV. CASINGHEAD 6645 ft.		20. TOTAL DEPTH, MD & TVD 6989 MD & TVD		8. FARM OR LEASE NAME Hodges			
21. PLUG, BACK T.D., MD & TVD 6951 MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		9. WELL NO. 12			
23. INTERVALS DRILLED BY 0-6989		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6716-6938 Dakota MD & MVD		10. FIELD AND POOL, OR WILDCAT Basin Dakota			
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN E.S. Induction, Density, Gamma Ray Correlation, Cement Bond		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 34, T-26N, R-8W N.M.P.M.			
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)		12. COUNTY OR PARISH San Juan			
29. LINER RECORD		30. TUBING RECORD		13. STATE New Mexico			
31. PERFORATION RECORD (Interval, size and number) Perforated 2/ft. 6716-6728, 6794-6800, 1/ft. 6888-6896, 3/ft. 6896-6902, 1/ft. 6902-6912, 6918-6938.		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
33.*		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented					
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing information is complete and correct as determined from all available records					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flow, lift, pumping—see and type of pump)		WELL STATUS (Producing or shut-in) Shut in			
DATE OF TEST 8/18/67		HOURS TESTED 3		CHOKE SIZE 3/4"			
FLOW TUBING PRESS. 215		CASING PRESSURE 944		CALCULATED 24-HOUR RATE 2,656			
TEST PERIOD AUG 28 1967		OIL—BBL. 332		GAS—MCF. 2,656			
SIGNED GILBERT D. NOLAND, JR.		TITLE Drilling Superintendent		DATE August 22, 1967			

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

INSTRUCTIONS

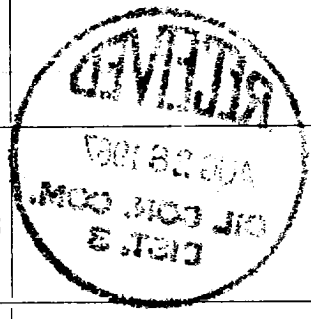
General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the 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.																										
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