

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.5.(See other in-
structions on
reverse side)

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 TERRANO Inc.						OIL CON. COM. DIST. 3									
3. ADDRESS OF OPERATOR Box 310, Farmington, N.M. 87401															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' from North and East lines At top prod. interval reported below At total depth Same															
15. DATE SPUDDED 12-16-60		16. DATE T.D. REACHED 12-25-60		17. DATE COMPL. (Ready to prod.) Plugged 1-12-69		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5650' Gr		19. ELEV. CASINGHEAD -							
20. TOTAL DEPTH, MD & TVD 6395'		21. PLUG, BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY* -		23. INTERVALS DRILLED BY →		ROTARY TOOLS 0 to 6395'							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dry hole								25. WAS DIRECTIONAL SURVEY MADE Yes							
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric and Gamma Ray Density								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					
13-3/8		48#		110'		17-1/2"		100 sacks		None					
8-5/8		24#		1087'		12-1/2"		350 sacks		None					
5-1/2		17.15.5#.14#		6395'		7-7/8"		220 sacks		None					
29. LINER RECORD										30. TUBING RECORD					
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) Dry hole - Plugged										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
										DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
33.* PRODUCTION															
DATE FIRST PRODUCTION Dry hole		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) -								WELL STATUS (Producing or shut-in) Plugged					
DATE OF TEST --		HOURS TESTED --		CHOKE SIZE --		PROD'N. FOR TEST PERIOD →		OIL—BBL. --		GAS—MCF. --		WATER—BBL. --		GAS-OIL RATIO --	
FLOW. TUBING PRESS. -		CASING PRESSURE -		CALCULATED 24-HOUR RATE →		OIL—BBL. -		GAS—MCF. -		WATER—BBL. -		OIL GRAVITY-API (CORR.) -			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) -										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: G. L. EATON															
SIGNED		TITLE				District Supt.				DATE		2-13-69			

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

U SGS(3) OGC(2) Navajo Tribe(1) HMB(1) File

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.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Honaker Trail	5461		Attempted to run DST from 6272' to 6300' and packer failed.			
Isamay	5936					
Barker Creek	6218					