

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 <input type="checkbox"/> GAS <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. SF-080384																															
b. TYPE OF COMPLETION: NEW <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____																															
2. NAME OF OPERATOR J. Gregory Merrion, Robert L. Bayless, and Atom, Inc.		7. UNIT AGREEMENT NAME _____																															
3. ADDRESS OF OPERATOR P.O. Box 1541, Farmington, New Mexico 87401		8. FARM OR LEASE NAME Sullivan																															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 790' FEL and 1850' FNL of Section 10 At top prod. interval reported below same At total depth same		9. WELL NO. 2																															
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Gallegos Fruitland																															
15. DATE SPUDDED 11-25-74		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 10, T26N, R12W																															
16. DATE T.D. REACHED 12-06-75		12. COUNTY OR PARISH San Juan																															
17. DATE COMPL. (Ready to prod.) _____		13. STATE N.M.																															
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6067 GR		19. ELEV. CASINGHEAD _____																															
20. TOTAL DEPTH, MD & TVD 1406		21. PLUG, BACK T.D., MD & TVD 902																															
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY Surf-TD																															
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____		25. WAS DIRECTIONAL SURVEY MADE no																															
26. TYPE ELECTRIC AND OTHER LOGS RUN IES - Sonic - Density		27. WAS WELL CORED no																															
28. CASING RECORD (Report all strings set in well)																																	
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31. PERFORATION RECORD (Interval, size and number) 805-815 w/20 holes 644-654 w/10 holes 726-734 w/16 holes 744-750 w/12 holes																																	
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. <table border="1" style="width:100%"><thead><tr><th>DEPTH INTERVAL (MD)</th><th>AMOUNT AND KIND OF MATERIAL USED</th></tr></thead><tbody><tr><td>805-815</td><td>205 gal. 15% HCl</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	805-815	205 gal. 15% HCl																										
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33.* PRODUCTION																																	
DATE FIRST PRODUCTION none		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____																															
WELL STATUS (Producing or shut-in) none																																	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____																																	
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 <u>Steven S. Sullivan</u>		TITLE <u>Engineer</u>																															
DATE <u>11-15-76</u>																																	

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