

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 _____	5. LEASE DESIGNATION AND SERIAL NO.																																
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____																															
2. NAME OF OPERATOR		Jerome P. McHugh				7. UNIT AGREEMENT NAME																																
3. ADDRESS OF OPERATOR		Box 234, Farmington, NM 87401				8. FARM OR LEASE NAME																																
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 1500' FNL - 960' FWL				9. WELL NO.																																
At top prod. interval reported below						10. FIELD AND POOL, OR WILDCAT																																
At total depth						Undesignated - PC																																
14. PERMIT NO.		DATE ISSUED		DEC 17 1975		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA																																
						Sec 21, T26N, R12W																																
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*																																
10-31-75		11-5-75		12-9-75		6030' GR																																
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*																																
		1244'		1202'																																		
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)		25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN																																
0-1244'		1141-1149' Pictured Cliffs		No		Electric Log																																
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)		29. LINER RECORD		30. TUBING RECORD																																
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31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)																																
2 jets/ft 1141-44' and 1145-49'		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DEPTH INTERVAL (MD)</th> <th>AMOUNT AND KIND OF MATERIAL USED</th> </tr> </thead> <tbody> <tr> <td> </td> <td>See completion report</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		See completion report					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE FIRST PRODUCTION</th> <th>PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)</th> <th>WELL STATUS (Producing or shut-in)</th> </tr> </thead> <tbody> <tr> <td> </td> <td>Flowing</td> <td>Shut-in</td> </tr> </tbody> </table>		DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)		Flowing	Shut-in	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE OF TEST</th> <th>HOURS TESTED</th> <th>CHOKE SIZE</th> <th>PROD'N. FOR TEST PERIOD</th> <th>OIL—BBL.</th> <th>GAS—MCF.</th> <th>WATER—BBL.</th> <th>GAS-OIL RATIO</th> </tr> </thead> <tbody> <tr> <td>12-9-75</td> <td>3</td> <td>5/8"</td> <td>→</td> <td> </td> <td>127 AOF</td> <td> </td> <td> </td> </tr> </tbody> </table>		DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	12-9-75	3	5/8"	→		127 AOF			
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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		37. SIGNED		38. DATE																																
				Jim L. Jacobs		12-15-75																																

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

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.

tion 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 33.

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 22 and 24. If this well is completed for separate production from more than one interval zone, (multiple completion), so state in item 20 and in any attachments.

For each additional interval to be separately produced, showing the additional data pertinent to such interval, submit a separate report (page) on this form, adequately identified, with the interval, top(s), bottom(s) and name(s), (if any) for only the interval reported in item 22. 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 21: *Sacks Cement* : Attached supplemental records for this well should show the details or 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.)

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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