

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 <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____
b. TYPE OF COMPLETION:		NEW WELL <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 _____	
2. NAME OF OPERATOR Jerome P. McHugh					
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 790' FSL - 1550' FEL At top prod. interval reported below At total depth					
14. PERMIT NO.		DATE ISSUED JAN 6 1976			
15. DATE SPUDDED 10-25-75		16. DATE T.D. REACHED 10-30-75		17. DATE COMPL. (Ready to prod.) 12-31-75	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5938' GR		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 1335'		21. PLUG, BACK T.D., MD & TVD 1305'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 0-1335'		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1169-1174' Pictured Cliffs					25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN IEL					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
5-1/2"	14#	36'	7-7/8"	5 sx	None
2-7/8"	6.4#	1330'	4-3/4"	100 sx	None

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1-1/4"	1167'	

PERFORATION RECORD (Interval, size and number)				ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Two jets/ft 1169-1174'				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 12-31-75	HOURS TESTED 3	CHOKE SIZE 1/2"	PROD'N. FOR TEST PERIOD →	OIL—BBL. 70 AOF	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE 275 SI	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF. 70 AOF	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	

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

Jim L. Jacobs

TITLE

Geologist

DATE

1-5-76

\*(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 38, 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 35.

Item 4: If there are no applicable State requirements, locations on federal or inland land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

item 22, and item 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 acreage attributable to each of the completions. If the 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 acreage attributable to each of the completions. If the 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 acreage attributable to each of the completions. If the 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 acreage attributable to each of the completions.

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 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 STRATIGRAPHIC 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

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