

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R356.5.

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 _____				5. LEASE DESIGNATION AND SERIAL NO. NOO-5-14-20-5339	
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 _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted	
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 Chaco Plant	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650' FSL - 1650' FWL At top prod. interval reported below At total depth				9. WELL NO. 19	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Nipp Pictured Cliffs Ext	
15. DATE SPURRED 8-31-76				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec 22, T26N, R12W	
16. DATE T.D. REACHED 9-4-76		17. DATE COMPL. (Ready to prod.) 10-20-76		12. COUNTY OR PARISH San Juan	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6098' GR		19. ELEV. CASINGHEAD		13. STATE NM	
20. TOTAL DEPTH, MD & TVD 1280'		21. PLUG, BACK T.D., MD & TVD 1212'		22. IF MULTIPLE COMPL., HOW MANY* _____	
23. INTERVALS DRILLED BY _____		ROTARY TOOLS 0-1280'		CABLE TOOLS _____	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1181-1191' Pictured Cliffs				25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric Log				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
5-1/2"	14#	36'	7-7/8"	8 SX	None
2-7/8"	6.5#	1252'	4-3/4"	90 SX	None
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
1-1/4"	1191'				
31. PERFORATION RECORD (Interval, size and number) One jet/ft 1181-1191'			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
DEPTH INTERVAL (MD)			AMOUNT AND TYPE OF MATERIAL USED		
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing			
DATE OF TEST 10-20-76		HOURS TESTED 3	CHOKE SIZE 5/8"	PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS. 230 SI		CASING PRESSURE 230 SI	CALCULATED 24-HOUR RATE	OIL—BBL. 109 AOF	GAS—MCF. 109 AOF
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		TEST WITNESSED BY OCT 28 1976			
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>Thomas A. Dugan</u>		TITLE <u>Engineer</u>		DATE <u>10-25-76</u>	

\*(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, 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.	NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
				Log Tops	
				Kirtland	276'
				Fruitland	962'
				Pictured Cliffs	1178'