

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R455.5.

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. RESV. ☐	Other ☐
2. NAME OF OPERATOR J. Gregory Merrion & Robert L. Bayless							
3. ADDRESS OF OPERATOR P.O. Box 1541, Farmington, NM 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1800 FNL & 910 FWL At top prod. interval reported below same At total depth same							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 02-28-78		16. DATE T.D. REACHED 03-06-80		17. DATE COMPL. (Ready to prod.) dry hole		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5957' GL	
20. TOTAL DEPTH, MD & TVD 1273'		21. PLUG, BACK T.D., MD & TVD 1150'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY ROTARY TOOLS 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* dry hole						19. ELEV. CASINGHEAD	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction, Correlation						25. WAS DIRECTIONAL SURVEY MADE no	
27. WAS WELL CORED no							
29. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
5-1/2"		15.5#		42'		7-3/4"	
2-7/8"		6.5#		1265'		4-3/4"	
30. TUBING RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		PACKER SET (MD)	
1-1/4"							
31. PERFORATION RECORD (Interval, size and number)							
1184-93', 1160-66', 1108-14', 1066-74': w/2 PF. 1110-20' w/2 PF 1-1/16" glass jets.							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
1110-20'				2500# 20/40 sand and 83 bbls. water.			
33. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
dry hole		Dry Hole				Shut In	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
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.)							
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		TITLE		Operator		BY June 24, 1980	

*(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, 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				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH
Fruitland	1110	1120	Salt Water, Natural Gas	Ojo Alamo	Surface
Pic. Cliffs	1160	1193	Salt Water, Natural Gas	Farmington	450'
				Fruitland	1110'
				Pic. Cliffs	1160'

39. WELL COMPLETION OR RECOMPLETION DATA	40. TYPE OF COMPLETION	41. NAME OF OPERATOR	42. ADDRESS OF OPERATOR	43. PHONE NUMBER	44. DATE OF REPORT
1. Gregory Mining & Processing Co.	NEW	1800 Box 1241, Farmington, N.M. 87401			

45. TYPE OF OPERATOR	46. NAME OF OPERATOR	47. ADDRESS OF OPERATOR	48. PHONE NUMBER	49. DATE OF REPORT
NEW	1. Gregory Mining & Processing Co.	1800 Box 1241, Farmington, N.M. 87401		